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ABSTRACT

A descriptive study identified the differences in educational content between four college diploma nursing programs in British Columbia and the University of British Columbia's (UBC) generic baccalaureate program in nursing. Findings indicated differences among the five programs in all aspects of the nursing programs that were compared: philosophies of the educational institutions, philosophies of the nursing programs, admission criteria, behavioral objectives, evaluation of learning, learning experiences, and learning resources and teaching/learning resources. UBC's program prepared graduates to work independently in acute care, long-term care, and community settings, while the college diploma programs prepared graduates to work primarily in acute care settings under supervision of a registered nurse. Admission criteria for the baccalaureate program were primarily academic, while colleges' nursing programs had fewer academic requirements but more diversified criteria. UBC's objectives encompassed a greater range of expected behaviors. UBC had the longest program duration. UBC's program had almost twice the amount of theory compared to practice; colleges had a closer balance. UBC's program had proportionally more community practice experience. (Support materials and appendixes, amounting to over two-thirds of the report, include survey instruments, evaluation tools, data and statistics, and correspondence.) (YLB)

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DIPLOMA NURSE - BACCALAUREATE NURSE: IS THERE A DIFFERENCE?

Report on a Descriptive Study of College Diploma Nursing Programs and the Generic Degree Nursing Program

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August 1983

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"It were not best that we should all think alike;
it is difference of opinion that makes horse races."

Mark Twain
Pudd'nhead Wilson's Calendar, 1894

NOTE

This study describes an attempt at identifying the differences in educational content between diploma and baccalaureate nursing programs. It does *not* describe an evaluation of potential differences in the practice of nursing, i.e., the educational outcome.

The Ministry of Education, together with the nursing profession, have jurisdictional responsibility for *nursing education* (Figure 2, up to Graduation arrow); the Ministry of Health, the employers and the nursing profession have jurisdictional responsibilities for *nursing practice* (Figure 2, beyond Graduation arrow).

ACKNOWLEDGEMENTS

The Ministry of Education would like to thank Pauline Zabawski for researching and writing the report, 'Diploma Nurse - Baccalaureate Nurse: Is There a Difference?'

Without her determination and in-depth knowledge of diploma nursing curricula this report could not have been written: Ms Zabawski specially designed a method for classifying objectives for the report.

The Ministry would also like to acknowledge:

- The program heads and faculty of Camosun, Cariboo, Okanagan Colleges, of the University of British Columbia and of Vancouver Community College (Langara) who were instrumental in providing the data for this study, and who confirmed the accuracy of this data;
- The many other nurse educators whose constructive feedback contributed to the progress of the study;
- The following individuals for their assistance in providing direction for the study:

  Carolyn Attridge
  Thelma Brown
  Jeanette Funke-Furber
  Mary Kruger
  Sally MacLean
  Marlene Mysak
  Gail Prowse
  Marilyn Willman

- The individuals whose critical appraisal of draft reports contributed to the final report.

The Ministry of Education would welcome comments on this document and would appreciate suggestions on how to further develop the objective classification tool. The Ministry would also encourage the four diploma nursing programs not included in the study to analyse their curricula in a similar way.

TABLE OF CONTENTS

Page reference

ACKNOWLEDGEMENTS.. iii

TABLE OF CONTENTS.. iv

LIST OF TABLES.. vi

LIST OF FIGURES.. viii

SUMMARY.. ix

CHAPTER I - Introduction.. 1

CHAPTER II - Philosophies of the Educational Institutions 13

CHAPTER III - Philosophies of the Nursing Programs...... 21

CHAPTER IV - Admission Criteria................................ 37

CHAPTER V - Behavioral Objectives 39

- Background 39
- Developing the Methodology 40
- Analysis 45

CHAPTER VI - Learning Experiences.............................. 51

CHAPTER VII - Learning Resources and Teaching/Learning Approaches 71

CHAPTER VIII - Discussion... 79

BIBLIOGRAPHY 89

DEFINITIONS.. 95

Cont'd...

Page reference

SUPPORT MATERIALS

Descriptive Tool and Analysis of Programs' Level Objectives 101

Evaluation Tool for Clinical Performances and Level of Expected Performances of Essential Manual Skills 157

Learning Experience - Hours Overview 255

APPENDIX

1. Terms of Reference.. 299
2. R.N.A.B.C. Approval Criteria......................... 301
3. List of Program Documents......................... 313
4. Survey.. 315
5. Guidelines for On-Site Visit........................ 323
6. Correspondence.. 329

LIST OF TABLES

Page reference

Table 1 Summary of Philosophy of Camosun College 14

Table 2 Summary of Philosophy of Cariboo College 15

Table 3 Summary of Philosophy of Okanagan College 16

Table 4 Summary of Philosophy of U.B.C 17

Table 5 Summary of Philosophy of V.C.C 18

Table 6 Overview of Philosophy of Camosun College Nursing Program 23

Table 7 Summary of Major Units from Camosun College Model of Nursing 24

Table 8 Overview of Philosophy of Cariboo College Nursing Program 26

Table 9 Summary of Major Units from Cariboo College Model of Nursing 27

Table 10 Overview of Philosophy of Okanagan College Nursing Program 28

Table 11 Summary of Major Units from Okanagan College Model of Nursing 29

Table 12 Overview of Philosophy of U.B.C.'s Nursing Program 30

Table 13 Summary of Major Units from U.B.C.'s Model of Nursing 32

Table 14 Overview of Philosophy of V.C.C.'s Nursing Program 34

Table 15 Summary of Major Units from V.C.C.'s Model of Nursing 35

Table 16 Admission Requirements to Nursing Programs with Referance to Type of Applicant 38

Page reference

Table 17 Colleges' University Transfer Courses.................... 53

Table 18 Summary of Organization of Courses According to Type of Content.. 54

Table 19 Total Hours in All Programs According to Types of Learning Experiences............................ 61

Table 20 Summary of All Programs for Students In-Class Workload.. 63

Table 21 Summary of Programs' Lengths........................... 66

Table 22 Comparison of Distribution of Instructional Hours of Each College Program to U.B.C. as the Criterion Model.. 68

Table 23 Summary of Learning Resources and Teaching/ Learning Approaches for All Programs................. 73

Table 24 Summary of Four Groups of Selected Essential Manual Skills for Each Program............................ 233

Table 25 Overview of Instructional Hours - Camosun College.. 257

Table 26 Overview of Instructional Hours - Cariboo College.. 265

Table 27 Overview of Instructional Hours - Okanagan College.. 273

Table 28 Overview of Instructional Hours - University of British Columbia.................................. 281

Table 29 Overview of Instructional Hours - Vancouver Community College (Langara)................. 289

LIST OF FIGURES

Page reference

Figure 1 Relationship of Depth and Scope of Educational Content 3

Figure 2 Conceptual Framework for the Study (Admission to Graduation)........ 10

Figure 3 Distribution of Instructional Hours in Percentage for All Programs........ 60

Figure 4 Comparison of All Programs According to Proportions of Total Instructional Hours Spent in Specific Types of Learning Experiences........ 62

Figure 5 Comparison of Student's Average Workload per Semester or Term for All Programs........ 64

Figure 6 Comparison of Theory to Practice for Each Semester or Term of All Programs........ 65

Figure 7 Summary of Program Lengths........ 67

Figure 8 Comparison of Distribution of Instructional Hours of Each College Program to U.B.C........ 69

SUMMARY

In the mid-sixties, hospital diploma nursing programs started to phase out while college and institute diploma nursing programs began to develop. At present, there are eight college and institute nursing programs which vary according to length, time-frame and methods used to achieve student learning. In addition, the University of British Columbia offers a generic B.S.N. baccalaureate program comparable in length to a few of the colleges' diploma nursing programs.

This descriptive study began in the early summer of 1982 and its purpose was to answer the overall question: "Do differences between college diploma nursing programs and the generic university baccalaureate nursing program exist, and if so, what are those differences?"

A macro-analysis of program, or terminal, objectives and level objectives was performed as a micro-analysis of educational content was not feasible. Evaluation tools used in the nursing programs were also analysed. A comparison between the programs' level of expected performance of four groups of essential manual skills could not be carried out due to a difference in method of rating performance level among several programs.

The **overall findings** indicate that there are basic differences between the five nursing programs that have been surveyed in the course of this study. These differences have been identified as follow:

1. The *philosophies* of the nursing programs vary in relation to their models of nursing and approaches to the learning process.
2. The *admission criteria* differ for each of the five programs as to number and type.
3. Each program has a different way of writing the *curriculum, terminal* or *program objectives* and of stating the *level objectives*.
4. Each program shows variations in their selection of *support courses*, and their content.
5. Each program varies in terms of *duration, number of hours of instruction, both theory and practice*, and the *length of the evaluation time period*.
6. Each program varies in the amount of *clinical practice* and *method of supervision* provided for the student.
7. Each program varies in the degree of *self-directed learning*.

8. The *scheduled class workload* of students varies from program to program.

9. While all five programs have *common content* and *learning experiences*, each program organizes and sequences these differently.

10. While all five programs use *textbooks* pertaining to common content areas, these textbooks vary from program to program.

11. While all five programs use *written examinations* to evaluate learning, the methods used for designing these examinations vary from program to program.

12. While all five programs use a *clinical evaluation tool* as a guideline for evaluating student performance in the practice setting, this tool varies in both format and rating scales from program to program.

The overall findings also indicate the following differences between U.B.C.'s **generic baccalaureate** program and the four **college diploma** nursing programs:

1. With reference to the *philosophies of the parent educational institutions*, U.B.C.'s primary purpose is to provide education and increase the knowledge base, while the colleges' purpose is to provide educational opportunities. Moreover, the university serves a broader community than do the colleges.

2. The baccalaureate program prepares graduates to *work independently* in both the *acute care, long-term care and community settings* to serve a *client group* that includes individuals and families. In contrast, the college diploma nursing programs prepare graduates to work primarily in the acute care settings (hospital) and to provide care to individuals or groups of individuals under the supervision of an experienced R.N. when they first begin practice.

3. The *admission criteria* for the baccalaureate program for students who have just completed Grade XII are primarily academic, while there are fewer academic requirements but more diversified criteria that must be met by students wishing to gain entry into the colleges' nursing programs. Actual demographic characteristics of students could not be determined in this study.

4. Based on the assumption that the curriculum and the level objectives reflect the educational content selected in the program, it appears that U.B.C.'s objectives encompass a greater *range of expected behaviors* for students and graduates than do those of the colleges. Consequently, the scope of content is broader for the baccalaureate program than it is for the diploma nursing programs.

5. The university has the longest *program duration* which is implemented over the longest time frame. However, when examined in combination with the student workload, Cariboo College has nearly the same number of instructional hours, approximately 160 fewer hours. Cariboo College has the highest scheduled student workload, while U.B.C. has the lowest.

6. The B.S.N. program has almost twice the amount of *theory* component than it has *practice* component. Proportionally, colleges have a closer balance between theory and practice.

7. The B.S.N. program has proportionally more *community practice experience* than do the colleges.

Chapter I

INTRODUCTION

Chapter I

INTRODUCTION

Noticeable changes have taken place in British Columbia at the level of nursing education preparatory to nurse registration over the last two decades. Twenty years ago, Registered Nurses (R.N.) received their education either from a hospital-based diploma program lasting approximately three calendar years in length, or from the University of British Columbia (U.B.C.) Bachelor of Science in Nursing Program (B.S.N.).

In the late 1960's, diploma nursing programs began to develop in B.C.'s College and Institute system. Subsequently, numerous hospital-based diploma nursing programs were phased out. Presently, there remains within the province only one hospital program at Vancouver General Hospital (V.G.H.) while there are eight college and institute-based diploma nursing programs. U.B.C.'s B.S.N. program still stands as the sole generic baccalaureate program available within the province while both U.B.C. and the University of Victoria (U. of Vic.) offer post-diploma R.N. baccalaureate programs.

Within British Columbia, the Registered Nurses' Association of British Columbia (R.N.A.B.C.) is the professional approvals body for programs preparatory to nurse registration, while B.C.'s Ministry of Education administers the 1977 Colleges and Institute Act under which Colleges and Institutes are established. In the spring of 1982, the Ministry of Education made the following observations in relation to the eight diploma nursing programs within its ministerial jurisdiction. Programs:

1. Varied in length, i.e., number of months of instruction varied from program to program.

2. Varied in time-frame, indicating that programs were implemented over periods of time varying from:
    - i. Two calendar years
    - ii. Two and a half calendar years
    - iii. Three calendar years.

3. Varied in their methods of implementation, indicating that while some programs had work experiences and/or used self-directed learning, others used more traditional methods.

4. Graduated diploma nurses who received credit for the first two academic years of the U.B.C. generic baccalaureate program in nursing.

5. Had program lengths similar to U.B.C.'s generic baccalaureate program.

As a consequence of these observations, the Ministry of Education commenced the task of determining the differences between diploma nursing programs and the baccalaureate program.

DEFINITIONS

As this study was set within a specific context, there may be many terms, phrases, etc., with more than one possible interpretation. Please refer to pages 95-99 of this report for definitions used for the purpose of this study.

PURPOSE OF THE STUDY

The purpose of this study was to accurately compare the following aspects of college diploma nursing programs and the generic university baccalaureate program in nursing:

A. Admission Criteria

B. Curriculum
  1. The Philosophy or Beliefs
  2. The Purpose
  3. The Curriculum or Terminal Objectives
  4. The Conceptual Framework:
    a. Level objectives
    b. Course objectives
    c. Learning experiences
    d. Learning resources
    e. Educational content
    f. Teaching/learning approaches
    g. Evaluation of learning

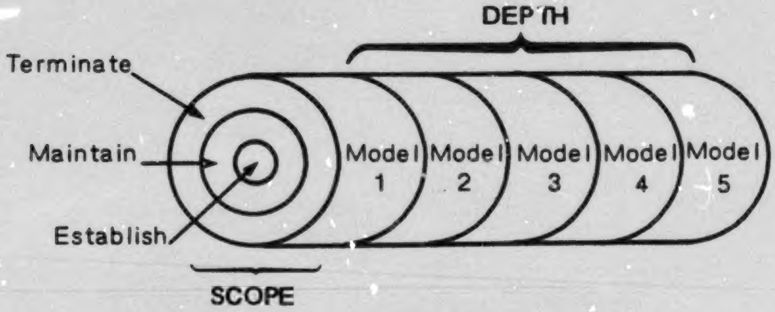
The primary concern of the study was to describe the depth and scope of educational content in each of the five programs. The following descriptions of depth and scope were developed for this study:

- **Depth of Content** - refers to the complexity of a course (i.e., degree of thoroughness).
- **Scope of Content** - refers to the broadness of subject matter included in specific units of a course.

The following example and Figure 1 illustrate the relationship of depth to scope of educational content.

Figure 1

Relationship of Depth and Scope of Educational Content Included Under the Topic of Communication Skills



For example, if the subject matter included in a program comprises the establishment, maintenance, and termination of a relationship with a client using five different models opposed to one model, then the depth of content is considered greater.

However, if the subject matter includes only the establishment and maintenance of a relationship with a client, then the scope of content is less.

In addition, the study was endeavouring to make specific comparisons between the college programs and the university program with respect to these aspects.

Evaluative analysis was not intended.

ASSUMPTIONS

The investigator began the study with the following assumptions which are documented in the bibliography. Assumptions specific to only certain aspects of the study are stated in subsequent chapters.

1. A curriculum is a dynamic and flexible plan for student learning. Subsequently, current information must be obtained in order to reflect reality.
2. The reports submitted by programs preparatory to nurse registration to the R.N.A.B.C. would provide the majority of data required for this descriptive study.
3. The quality of nursing education is of prime concern to the nursing profession and to the Ministry of Education.
4. The direction of nursing and nursing education is determined by trends in B.C.'s health care system.
5. The nursing program heads and faculty have a limited amount of time to participate in the study.

METHOD

Several important considerations determined the methodology of the study, including:

1. Accessibility to program information.
2. The recognized need of obtaining nurse educators' involvement in the design of the study.
3. The availability of individuals during vacation periods.

The study proceeded in the following six phases:

Phase I	-	Literature Review
Phase II	-	Collection of a Data Base
Phase III	-	Development of Instruments
Phase IV	-	On Site Visits
Phase V	-	Data Analysis
Phase VI	-	Discussion

Phase I - Literature Review:

A review of literature was first undertaken. Most articles and books relating to nursing curriculum studies were written in the United States (NLN Publications). In their report of April 1981, Kruger and Yensen indicate that the Associate Degree Nurse (A.D.N.) prepared in American colleges may have a slightly different role than the Canadian college diploma graduate.

In addition, articles and books on nursing education studies relate specifically to describing only one level of nursing, that is, diploma or baccalaureate programs (A.R.A. Consultants, 1978, Imai, 1980, Winegard Submission, R.N.A.B.C., 1976 and N.L.N. Publications). It appears that, at present, there exists no equivalent study where Canadian college diploma and university baccalaureate nursing programs are compared.

As this descriptive study addresses the process of preparing a graduate nurse and not the graduate's ability to assume the role of a registered nurse, the literature reviewed focused on:

1. Each program's most recent report to the R.N.A.B.C. Committee on Approval of Education Programs Preparatory to Nurse Registration. Ideally, these reports are to include all the data related to all the study's questions, except possibly the detailed educational content.
2. College and University's academic calendars.
3. Educational research studies from related fields.
4. Canadian and British Columbian professional nursing publications.
5. Publications of faculty involved with the programs.

Several publications were useful in developing data collection and descriptive tools, in particular those of the Canadian Nurses Association and the R.N.A.B.C. (Blueprint, 1977, Definition, 1980; R.N.A.B.C.: Competencies, 1978, Criteria, 1977 and Essential, 1978).

Phase II - Collection of a Data Base:

As previously mentioned, it was assumed by the investigator that the reports submitted to R.N.A.B.C.'s Committee on Approval of Education Programs Preparatory to Nurse Registration would provide the majority of the information required to answer the study's questions (Criteria 1 to 2.6, R.N.A.B.C., 1977, Appendix 2). However, as all of the programs were in different phases of the approval process, complete reports were not available to the investigator.

In addition, as the nursing community became more involved in the research design, more data was identified for collection.

Phase III - Development of Instruments:

Various instruments were developed to assist in describing and comparing the various components of the study. These instruments will be introduced in subsequent chapters.

Phase IV - On-Site Visits:

Between late November and mid-December 1982, the investigator visited each of the five nursing programs. The purpose of these visits was to clarify and verify the data which had been collected.

In order to accomplish an in-depth description of the educational content and of the student evaluation process included in the programs, additional information was also collected during these visits. The last of this information was received during the second week of February, 1983.

Phase V - Data Analysis:

The majority of information collected resulted in a pool of nominal, ordinal, interval and ratio data. The data was suitable for analysis as measures of central tendency. A subsequent analysis was performed in order to provide comparative data.

However, the investigator was unable to reformulate some of the data which was then included as raw data.

Phase VI - Discussion:

Following the analysis of the data, this report was developed in an attempt to arrange the large amount of data into workable units.

STATEMENT OF QUESTIONS

Overall Question:

Using the nursing programs preparatory to registration of four colleges, namely Camosun College, Cariboo College, Okanagan College and Vancouver Community College (Langara), in addition to U.B.C. generic B.S.N. program, the study was designed to answer the following question:

> "Do differences between these four college diploma nursing programs and the generic university baccalaureate program in nursing exist, and if so, what are those differences?"

The **Terms of Reference** can be found on page 299 of the report.

Contributing Questions:

Within the terms of reference, the following questions were subsequently developed to serve as framework for the study:

1. What statements do each of the five educational institutions make on the following:
    - a. Their mission?
    - b. Their goals?
2. What statements are made by each of the five programs in their philosophies with regard to:
    - a. Beliefs about nursing, education, the learner, the learning process and the faculty?
    - b. Conceptual model of nursing?
    - c. Purpose of the program, that is, what role will the graduate assume upon successful completion of the program?

3. What behaviors must an individual possess prior to admission to each of the nursing programs?

4. What are the behaviors expected of:

   a. A graduate of the program?

   b. A student at specified points or levels in the program?

5. How does each of the programs select, organize and sequence its content and learning experiences?

   a. What courses are included in the program?

   b. What behaviors is the student expected to demonstrate in order to successfully complete each course?

   c. What are the actual numbers of learning experience hours in the program?

   d. What educational content is included in the program?

6. What learning resources are used in the program to assist the students in achieving the expected behaviors?

7. What teaching/learning approaches are used in the program to assist the students in achieving the expected behaviors?

8. How is the students' learning evaluated in the program?

9. How does the relationship of each of the four college programs, as identified in questions 1 to 8, compare with that of U.B.C.'s generic B.S.N. program?

CONCEPTUAL FRAMEWORK OF THE STUDY

Figure 2, on page 10, represents the conceptual framework of the study based on the terms of reference. The diagram in the upper part of the page resembles a critical path diagram, which demonstrates the relationship of events within a time-frame. The events themselves appear in the boxes and the connecting lines indicate the time-line or process. The events are sequential and move from left to right. This model begun with an applicant becoming a student. Line a, indicates the time or process of the applicant meeting the admission criteria. Once the student enters the nursing program, learning occurs in the three following domains (Bloom, 1956):

Cognitive Domain = lines b, f, i, l + n

Affective Domain = lines c, e, h, k + o

Psychomotor Domain = lines d, g, j, m + p

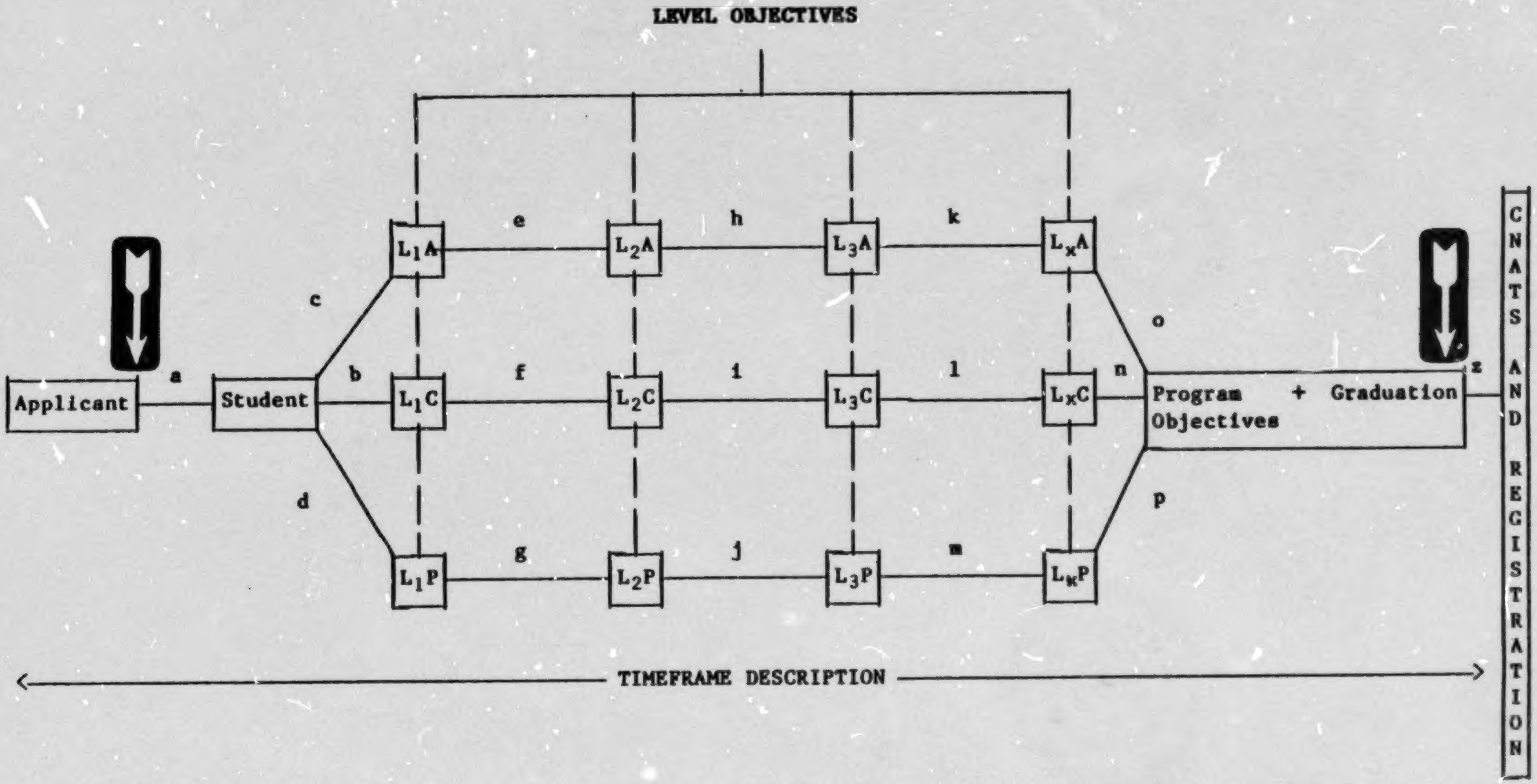
All three domains of learning combine to achieve the program objectives. Boxes L_1A, L_1C and L_1P are the objectives the student meets at the end of Level I of a program. At each level of the program, level objectives in each of the three domains describe the behaviors expected of the student in order to continue in the program.

As stated previously, the connecting lines represent the process of achieving the objectives in reference to time. This study was to describe some factors which assist the student in achieving the objectives. These factors are:

- **a.** The learning experiences
- **b.** The educational content or subject matter
- **c.** The learning resources
- **d.** The teaching and learning approaches.

Other factors may also assist the student in obtaining the objectives but these were not within the limits of the study. In addition, the study was to describe the process of evaluating the student's learning. This study ends with the graduation of the student. The diagram appearing on the next page does however include the process of the graduate becoming a Registered Nurse by writing and passing a national comprehensive test developed and administered by the Canadian Nurses Association Testing Service (C.N.A.T.S.). This exam concentrates on certain aspects of the cognitive domain (Blueprint, 1977, p. 3).

Figure 2 Conceptual Framework for the Study (Admission to Graduation)


LEVEL OBJECTIVES
L_1A
L_2A
L_3A
L_xA
L_1C
L_2C
L_3C
L_xC
L_1P
L_2P
L_3P
L_xP
e
h
k
c
b
f
i
l
n
o
d
g
j
m
p
a
z
Applicant
Student
Program Objectives
+ Graduation
CNATS AND REGISTRATION
TIMEFRAME DESCRIPTION

a = Admission Criteria
b,f,i,l + n = Cognitive Domain
c,e,h,k + o = Affective Domain
d,g,j,m + p = Psychomotor Domain
} and the Description of the process for achieving the objectives
z = Cognitive Domain

L_1A, L_2A, L_3A + L_xA = Level Objectives for Affective Domain
L_1C, L_2C, L_3C + L_xC = Level Objectives for Cognitive Domain
L_1P, L_2P, L_3P + L_xP = Level Objectives for Psychomotor Domain

LIMITATIONS OF THE STUDY

There were several limitations to this study. While limitations which affected only certain aspects of the study will be discussed in subsequent chapters, the following three general constraints affected the entire study.

The most limiting constraint of the study occurred as each program was in a different phase of the R.N.A.B.C.'s approval process. Camosun College had just graduated the first class of its new program and was preparing a report for the fall semester. Cariboo College was in the process of implementing for the first time, the final year of their three-year program and would be submitting a report for the fall. Okanagan College's nursing program was not new, but had just completed a review in the spring, so the report available was relatively current. V.C.C. had last been reviewed in the fall of 1981 and was continuing to implement a similar program. U.B.C. was implementing the fourth year of a new program. The investigator was provided with pertinent sections of each of the last four reports which U.B.C. had submitted to the R.N.A.B.C.

The study was also limited by the scarcity of relevant literature or valid research on similar studies. Consequently, a consensus of opinion had to be reached among the ministry, the five program representatives, other nursing professionals and the investigator on the research design.

Finally, the study was limited by the purpose and the terms of reference. Many nurse educators expressed concerns that the study did not go beyond graduation.

REFERENCES

1. A.R.A. Consultants Ltd., A Review of the Two-year Diploma Nursing Program in Colleges of Applied Arts and Technology in Ontario. Ministry of Colleges and Universities, Province of Ontario, April 1978.

2. Bloom, B.C. (ed), Taxonomy of Educational Objectives: The Classification of Educational Goals, (Handbook 1: Cognitive Domain). New York: David MacKay, 1956.

3. A Blueprint For a Comprehensive Examination for Nurse Registration/Licensure. Canadian Nurses Association, CNA Testing Service, Ottawa, Canada, May 1977.

4. Camosun College Calendar, 1981-1982, p 36.

5. Imai, H.R. Can We Get There From Here? Report on Feasibility Study for the Provision of Internship/Residency or other Programs to Increase Clinical Experience Prior to Nurse Registration. Prepared for: Registered Nurses Association of British Columbia, September 1980.

6. Kruger, M. and Yensen, J. The Nursing Program at Vancouver Community College, Langara Campus: A Study of the Factors Influencing Access and Program Length, April 1981.

7. National League for Nursing (NLN) Publications:
    a. Characteristics of Baccalaureate Education in Nursing, 1979. Pub. Number 15-1758.
    b. DeChow, G.H. Curriculum Design for Associate Degree Nursing Programs: Factors in Program Direction, 1980. Pub. Number 23-1833.
    c. Developing Tests to Evaluate Student Achievement in Baccalaureate Nursing Programs, 1979. Pub. Number 15-1761.
    d. Peterson, C.J. (Willts); Broderich, M.E.; Demarest, L.; and Haley, L. Competency-Based Curriculum and Instructions, 1979. League Exchange Number 122.
    e. Tier, L.L. and Roberts, B.D. Curriculum Design for Associate Degree Nursing Programs: Teaching and Evaluation in the Classroom, 1980. Pub. Number 23-1826.
    f. Waters, V. Distinguishing Characteristics of Associate Degree Education for Nursery, 1979. Pub. Number 23-1722.

8. Winegard Submission, The Delivery of Academic and Professional Programs outside of the Vancouver and Victoria Metropolitan areas, and Academic Transfer Programs and their Articulation. Registered Nurses' Association of British Columbia, June 1976.

Chapter II

PHILOSOPHIES OF THE EDUCATIONAL INSTITUTIONS

Chapter II

PHILOSOPHIES OF THE EDUCATIONAL INSTITUTIONS

It was assumed that each of the nursing programs reflects the philosophy of its parent educational institution and contributes to the achievement of its mission and goals.

A summary of these philosophies is provided on the following pages, however, at present these statements are being reformulated by all colleges. These philosophies demonstrate the following differences which may account for variations between a college diploma nursing program and an university baccalaureate program:

1. U.B.C.'s geographic mandate includes the entire province, whereas each college's mandate is its college region.
2. A university's role is to provide education and contribute to the development of knowledge, whereas the colleges provide educational opportunities only.

A further comparison of the philosophies of the Colleges, as shown below, may account for differences in college nursing programs:

1. Camosun College is committed to meeting the needs of the individual which may suggest the self-directed learning approach used by the nursing program, while the other educational institutions refer to meeting the needs of the community and/or groups.
2. Okanagan College is committed to offering a broad general education base in career programs (Statement made by Gail Prowse, Co-ordinator, Practical and Diploma Nursing Programs, during on-site visit on November 25, 1982). A similar statement was not made by other colleges.

Philosophies of specific colleges and university are to be found on the following pages:

Camosun College	**page** 14
Cariboo College	15
Okanagan College	16
University of British Columbia	17
Vancouver Community College (Langara)	18-19

Table 1

SUMMARY OF PHILOSOPHY

of Camosun College

UBC or College Name

Educational Institution

Purpose (mission)	**Source** 3.0 College Mission Document	Camosun College is dedicated to the principle of a strong community orientation and comprehensiveness of programs. The College supports a policy of orderly, planned and controlled development. In addition, it believes it is essential to maintain a high level of autonomy and self-determination, if it is to remain flexible and responsive to the immediate needs of its community. Camosun encourages participation on the part of its various reference groups: faculty, staff, students, governing bodies and the community at large. Camosun College is committed to meeting the needs of the individual.
Goals	3.3 College Goals	Over the years, all segments of the College community as well as representatives of the larger community have participated in the formulation and refinement of a set of goal statements. The following set of goal statements has been adopted by the College Board: 1. To develop and maintain an awareness of the education and training needs and opportunities of all adults in its region. 2. To provide and promote instructional programs and supporting services which meet those needs and opportunities, including career preparation, academic development and personal enrichment. 3. To remove barriers to learning. 4. To treat all who come in contact with the College with esteem and regard. 5. To acknowledge the individuality of its clients and to create an environment in which the student will discover the means to help himself. 6. To establish and maintain the necessary contacts to assist graduates to find satisfactory employment, to obtain required accreditation or to transfer to other post-secondary institutions. 7. To adhere to the principle of life-long learning and to provide opportunities for continuing education. 8. To establish and maintain high standards of performance for all personnel and programs. 9. To govern itself with due concern for both efficiency and cost effectiveness. 10. To keep the community adequately informed of College services and programs, and to involve the community in planning for College development. 11. To provide evidence at regular intervals that it is progressing towards its stated goals.

Table 2
SUMMARY OF PHILOSOPHY
of Cariboo College
UBC or College Name
Educational Institution

Purpose (Mission)	Source Page 291-293 June, 1980 Program Submission	Cariboo College is committed to the philosophy of a comprehensive community college which "has the responsibility to offer the broadest range of educational opportunities to the citizens of its region consistent with the available resources."
Goals	Page 291-193 June, 1980 Program Submission	"A. The provision of such educational and training opportunities for the citizens of its region as are provided from time to time by the relevant statutes and regulations of the province of British Columbia. B. In respect to the above these educational and training opportunities shall consist of the following:" a.) University transfer following one to two years of college b.) diploma & certificate career and technological training programs in response to community and provincial needs c.) vocational courses and programs in response to community needs or of the relevant provincial and federal departments and where applicable provide college certification d.) establish priorities for the evaluation of courses and programs e.) provide opportunities to citizens of the region who are not accessible to campus centres

Table 3
SUMMARY OF PHILOSOPHY

of Okanagan College
UBC or College Name
Educational Institution

Purpose (mission)	Source Preface 1982-83 Calendar	The statement of principles which follows, enunciates for Okanagan College its collective ideal; an expression of the fundamental concepts by which the growth and operation of the College are to be guided. The purpose of this statement is to stimulate all individuals and groups within the College to assist in its growth, unity and fulfillment. The following principles and purposes are organized in terms of the college's responsibilities to, and relationships with, the Community it serves, the students who attend, and the internal elements of the College.
Goals		The College and Its Community Okanagan College recognizes a three-fold definition of its Community: residents of a geographical area prescribed by Provincial Authority; all those people from without this prescribed area who wish to avail themselves of College services; and Provincial residents benefiting from the College's specific role within the coordinated educational system of British Columbia. The College perceives for itself a complex leadership role which includes the following to recognize the mosaic of local and personal variations within its community...to broaden the horizons of its community...to augment services where deficiencies become apparent, to encourage the development of original concepts in community education. The College and Its Students The College regards as a student any individual who participates in College Offerings. The relationship between the College and its students will be flexible, relevant, convenient and diverse with emphasis upon the importance of the welfare of the individual student. The College and Its Internal Elements The College will be responsible for creating and nurturing an environment conducive to the maintenance of its functional vitality.

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Table 4

SUMMARY OF PHILOSOPHY
of University of British Columbia
UBC or College Name
Educational Institution

	Source	
Purpose (Mission)	Program Submission January 1980 (Excerpt from The Mission of University of British Columbia, November, 1979, page 24.	"The mission of UBC, like that of all first class universities, is to serve society by providing the best environment it can in which to nuture and stimulate the native intellectual capacity, curiosity and creativity of its students; and, to do this in such a way as to foster the development of Canadian culture. In the process of educating its students, the University community, through its research and scholarship, provides intellectual leadership for society; from the ranks of its graduates it also provides society with leaders in all fields of endeavour. No other institution devised by humans can claim a mission which entails such grave responsibilities as those which devolve upon the University; no other institutions have such profound long term effects on the future of society.
Goals		The University meets these responsibilities by providing: 1.) education of high quality for undergraduate and graduate students in the performing and creative arts, in the humanities, the social sciences, the earth sciences, the life sciences, the mathematical sciences and the physical sciences, and also for students in the wide range of professions that are essential for maintaining the fabric of society; 2.) new knowledge through research and scholarship and the application of new knowledge in the professions; 3.) a wide array of programs in continuing education for the general public and for the professions; 4.) a reservoir of knowledge and expertise which is available to government and to industry.
	Program Submission Jan. 1980 Page 2	In fulfilling its obligations within the university, the School accepts a three-dimensional role: 1.) to prepare nurses capable of meeting nursing needs within the community in a way which is congruent with their level of preparation in nursing. 2.) to promote effective use of nursing knowledge by those engaged in the practice of nursing, and 3.) to add to the body of nursing knowledge.

Table 5
SUMMARY OF PHILOSOPHY

of Vancouver Community College (Langara)
Name of Program
Educational Institution

Purpose (Mission)	Source	
	1982-1983 Calendar Page 1 Program Submission Page 69	The College Board, central administration, campus administration, faculty and support staff exist for the single purpose of providing all students of the College with the best quality of education and training permitted by available resources. A major guide of Langara's administrative philosophy is the development of the College to serve the Community according to College policy as formulated by College Council.
Goals	VCC Educational Plan 1980-1985	If there is any single major aspect of administrative philosophy at Langara it is that there should be regular, honest consultation with all those, among faculty, administration or students who will be affected by decisions that must be made. **Goal 1 — Range of College Programs** Vancouver Community College has a commitment and an acknowledged obligation to provide, within available resources, a comprehensive range of educational programs responding to the particular, differing, and valid educational and training needs of adults in the community. Specifically it will: 1.1 assess community educational needs on a systematic and on-going basis; 1.2 provide educational programs which enable students to eliminate basic educational deficiencies and/or prepare students for further educational opportunities within the College; 1.3 provide educational programs directed toward skill development for employment; 1.4 provide educational programs enabling students to continue education through a variety of programs which enhance employment opportunities, and provide personal enrichment or professional upgrading; and, 1.5 provide educational programs for continued skill development or to facilitate transfer to other colleges, institutes or universities. **Goal 2 -- Program Quality** Vancouver Community College will act to ensure that the quality of its educational programs is maintained and enhanced. Specifically, it will: 2.1 develop its systems further for the evaluation, modification and improvement of educational programs. 2.2 incorporate appropriate instruction in communication skills in all programs of instruction. **Goal 3 — Accessibility** Vancouver Community College will develop and utilize systems to optimize student access to educational programs by minimizing economic, social, and other identified barriers. Specifically, it will: 3.1 develop and maintain, within available resources, an open admissions policy; students will be assisted in meeting training and educational entrance requirements or such external requirements as may from time to time apply; 3.2 provide to the extent allowed by its resources, educational programs which assist members of the community in overcoming geographic and time constraints and differing rates and styles of learning; 3.3 facilitate transfer of students from other sources, including other post-secondary institutions, for further education or continued skill development; 3.4 provide comprehensive counselling and other students services which support access to the College; and, 3.5 endeavour to determine ways and means to enhance systems supporting educational accessibility. **Goal 4 — Organizational Structure** Vancouver Community College will maintain an organizational structure supporting effective delivery of educational programs which is capable of adapting to meet changes in the community's educational needs. Specifically, it will: 4.1 maintain and strengthen the College's involvement in the community through its component educational centres in their various locations; 4.2 maintain and strengthen the identities of its component educational centres as units of Vancouver Community College; 4.3 be flexible in the diversification of offerings at its educational centres in keeping with changing community needs and within available resources; and, 4.4 ensure that the quality and quantity of administrative services are adequate to achieve College goals.

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Table 5 continued

Purpose (Mission)	Source	
		Goal 5 — Decision-Making
		Vancouver Community College will encourage participation by community and internal constituencies in College affairs and decision-making. Specifically, it will:
		5.1 establish and maintain the appropriate advisory bodies necessary to support effective communication and decision-making by College constituencies; and,
		5.2 further develop systems of communications to facilitate the flow of information among the College internal constituencies to support informed decision-making.
		Goal 6 -- Communication
		Vancouver Community College will interpret its role to the community at large, and actively involve itself in, and inform itself of, that community. Specifically, it will:
		6.1 improve relationships with the community and its leaders, government, and business, as well as other types of organizations in order to exchange information in a co-operative and collaborative manner; and,
		6.2 maintain co-opeative and collaborative relationshps with other educational institutions in order to better understand the educational needs of the community at large.
		Goal 7 — Community Relations
		Vancouver Community College will endeavour to act as a centre of community life through encouraging the community to use College resources and services. Specifically, it will:
		7.1 develop the College's role in providing for community use of its resources and services; and,
		7.2 assess the provision of resources for community use in light of unmet needs, and act to meet those needs which complement effective learning.
		Goal 8 -- Support Resources
		Vancouver Community College will provide the quality and quantity of support resources necessary to facilitate and enhance effective learning. Specifically, it will:
		8.1 provide a range of learning environments which facilitate the implementation of a variety of educational program delivery methods;
		8.2 plan for and provide physical resources through which effective learning can take place;
		8.3 provide a comprehensive range of student services supporting the student entering, enrolled in, and leaving the College;
		8.4 provide instructional and learning resources which support effective learning
		8.5 provide and develop faculty, staff, and administrative competencies required for effective learning.
		Goal 9 — Planning and Accountability
		Vancouver Community College will be accountable to its community, as represented by the College Board, and to the Minitry of Education for the effective operational achievement of its goals. Specifically, it will:
		9.1 articulate and integrate existing systems nd procedures which facilitate College accountability;
		9.2 develop and implement a long-term plan for the period 1980 to 1985 and a process for annual plan evaluation and update;
		9.3 undertake institutional evaluation on a regular basis and act on the findings of that evaluation;
		9.4 develop further its five-year budget forecast and annual budget review process; and,
		9.5 undertake to develop further the format of its annual report through which measures of accountability can be expressed.

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Chapter III

PHILOSOPHIES OF THE NURSING PROGRAMS

The philosophy of a nursing curriculum may arise from the beliefs of the parent institution and reflect the beliefs of the nursing faculty of the program.

For the purposes of this study, the general heading of philosophy will encompass:

a. The beliefs statements for nursing education, the learner, the learning process and the faculty.

b. The purpose of the program, including the context of practice.

A descriptive tool was adapted from Johnson's Behavioral System Model of Nursing as used by the Canadian Nurses Association (C.N.A.) in their recent publication on Definitions and Standards of Nursing Practice (C.N.A., 1980, pp. 19-21). Each program beliefs on nursing were described on the basis of this particular analytical framework. An overview of nursing programs philosophies is presented in Tables 6-15.

A review of the philosophies indicates that similarities may be found among the five nursing programs. These similarities were identified as follow:

1. The beliefs on nursing as represented by the Models of Nursing in Tables 7, 9, 11, 13 and 15:
    - **a.** Include all the essential components required of a Model of Nursing , (Johnson, 1980).
    - **b.** View man as a unique being who has:
        - **i.** Physical, psychological and sociological components.
        - **ii.** Needs and developmental stages.
    - **c.** Recognize the unique role of a nurse within the health care system.
    - **d.** Use the nursing process as the intervention focus.
2. The beliefs on education require a nurse to have a theory and practice base, including a general education base.
3. The beliefs on the learners and the learning process view the learner as unique and as someone who is actively involved in learning.
4. The beliefs on faculty recognize their role as facilitators of learning.
5. The purpose of all programs is to prepare registered nurses to work in acute, extended and intermediate care settings following an orientation period and to provide nursing care to individuals of all ages, (Roles and Functions, 1977).

On the other hand, differences between all programs may be attributable to the following belief statement:

> Each program's model of nursing varies according to how they describe man's health. Subsequently, differences arise in the goal, role of nursing, source of difficulty, intervention focus modes and statements of consequences.

Differences in terms of the context of practice, the client group and the level of independence in nursing practice, as reviewed below, may account for the variation in role between a diploma and baccalaureate graduate:

- **Context of Practice:** The baccalaureate graduate is prepared to function in a primary care setting (the community), in addition to the acute and long-term care settings which are the main settings of practice for the diploma graduate.
- **Client Group:** The baccalaureate graduate provides nursing care to both individuals and families, whereas the diploma graduate's primary client group is the individual.
- **Level of Independence in Nursing Practice:** The University degree graduate functions independently and interdependently which appears to be different from the more dependent role of the diploma graduate, (Steed, 1980, p. 46).

An overview of the philosophies of general programs and specific units for both diploma and graduate nursing programs of institutions surveyed appear in the following sequence:

Table	Educational Institution	Subject Matter	Page
6	**Camosun College**	Overview of Philosophy	23
7		Summary of Major Units	24-25
8	**Cariboo College**	Overview of Philosophy	26
9		Summary of Major Units	27
10	**Okanagan College**	Overview of Philosophy	28
11		Summary of Major Units	29
12	**University of B.C.**	Overview of Philosophy	30-31
13		Summary of Major Units	32-33
14	**Vancouver Comm. College**	Overview of Philosophy	34
15		Summary of Major Units	35

Table 6
OVERVIEW OF PHILOSOPHY
Camosun College
Nursing Program

<table>
<tr><td rowspan="2">Beliefs</td><td>a.) Model of Nursing</td><td>See Summary of Major Units of Model</td></tr>
<tr><td>b.) Nursing Education provides the theoretical and skill development base which is necessary for the practice of nursing</td><td>i.) Learners are regarded as unique individuals with rights, privileges and responsibilities.
a.) Students can expect to have opportunities for personal enrichment in fulfilling their student role.
b.) Learners have the responsibility to become actively involved in identifying learning needs, planning learning experiences, and evaluating learning outcomes.
c.) Learners have the responsibility to assume increasing self direction and independence. This will prepare learners to continue seeking knowledge and developing skills throughout their professional careers.
ii.) Learning Process - Learning is an active process that may be demonstrated by changes in behaviour, perceptions and/or attitudes.
a.) Progress towards learning goals is enhanced when the theory and practice are concurrent.
b.) Progress towards learning goals is promoted by moving from familiar to unfamiliar and from simple to complex content.
c.) Opportunities for application of learning enable the learner to make generalizations & discriminations and retain learned behaviours.
d.) Learning provides preparations for a career, and the basis for further education.
iii.) Faculty - Faculty are regarded as unique individuals with rights, privileges and responsibilities.
a.) The faculty will provide the opportunities and climate which facilitate learning.
b.) The faculty will be competent in teaching in class and clinical settings, and in nursing in a variety of clinical settings.
c.) The faculty can expect to have opportunities for professional enrichment in fulfilling their faculty role.</td></tr>
<tr><td>Purpose</td><td colspan="2">1.) The graduate of the diploma nursing program at Camosun College will be prepared to write the provincial nurse registration examination.
2.) Upon completion of the Camosun College nursing program and with an orientation program,* the newly graduated nurse will:
2.1 Provide nursing care for individuals and groups of all ages in acute, extended care or intermediate care settings,**
2.2 Have the potential to function in critical care and/or specialized areas following additional experience, ongoing education and supervision.
2.3 have the potential to assume leadership roles following additional experience and/or education.</td></tr>
<tr><td>Context of Practice</td><td colspan="2">*Orientation to a particular agency or setting is required so that the newly employed nurse can utilize the stated competencies and skills in that agency.... Within the employing agency (there should be) established policies, procedures and routines; provisions for supervision and assistance. Competencies and Skills Required for Nurse Registration for a Graduate of a Basic Program, R.N.A.B.C., 1978.
**Acute Care Settings - those serving clients who require active treatment - medical surgical or life support - and need nursing services 24 hours a day.
Extended Care Settings - those serving clients who require physical assistance with activities of daily living and need nursing services 24 hours a day.
Intermediate Care Settings - those serving clients who require some assistance with activities of daily living and need only minimal nursing assistance.</td></tr>
</table>

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Table 7

SUMMARY OF MAJOR UNITS FROM Camosun College
Name of Program
MODEL OF NURSING

Major Unit of Model	**Source**	**Conceptual Model of Nursing**
Goal of Nursing	**Program Submission 1982 Page II-3**	The goal of nursing is to promote equilibrium within and among the bio-psycho-social elements of man and his environment.
Client	**Philosophy Page 1**	MAN* 1.1 Man is an interrelated bio-psycho-social being who affects and is affected by his physical and social environment. 1.2 Man is an unique individual, having the capacity for change and growth. 1.3 Man has basic human needs that are common to all. These needs are: a.) protection, comfort and safety b.) activity, rest and sleep c.) oxygen and circulation d.) nutrition e.) elimination f.) sexuality g.) achievement h.) affectional - emotional 1.4 Man progresses in his lifetime through developmental stages, each bringing particular stresses and growth imperatives. 1.5 Man has innate and acquired coping patterns by which he meets his needs, copes with his changing environment and accomplishes developmental tasks.
Role of Nursing	**POST-BASIC NURSING PROGRAMS, CONCEPT MODULE, STRESS-ADAPTATION CONCEPTUAL FRAMEWORK Page 6**	The intended outcome of the nursing activity is the development, restoration or maintenance of the client's equilibrium. As part of the nursing process, the nurse uses understanding of the coping process to assess the stimuli affecting her client, his perceptions of the stimuli and his coping responses. A thorough client assessment will include all the sources of stimuli (developmental tasks, basic human needs, physical and social environment). The nurse then utilizes preventative, educational, restorative and supportive activities with the client. IMPORTANT NOTE - Because the nurse is dealing with the whole client and not just a disease process or surgical procedure, she will seek opportunities to capitalize on the client's potential for growth so that he is better equipped to cope effectively with future stimuli.
Source of Difficulty	**Program Submission 1982 p II 2 + 3**	Disequilibrium will occur when stimuli are perceived as too great or too minimal i.e. sensory deprivation), or when the individual's coping patterns are inadequate. Variables which will influence whether a person is equilibrium or disequilibrium include: a. the number and nature of the stimuli b. the frequency, duration and intensity of stimuli c. the particular needs, goals and values of the individual d. the individual's life experiences e. available resource systems. Disequilibrium may be manifest as physical illness, disorganization, mental illness, etc. The following factors determine the degree to which the individual is in disequilibrium: a. multiplicity of variables - e.g. many stimuli - bio-psycho-social in nature b. suddenness or unpredictablity of stimuli c. interplay of variables.

*The term MAN is used in the generic sense to refer to any living member of the human species.

Intervention Focus	Ibid, Page 6	The nurse intervenes at any point in the coping process of her client e.g. - change or alter the stimulus - alter the client's perception of the stimulus - enhance the coping responses.
Modes	Ibid, Page 8	a.) preventive - those actions aimed at forestalling or intervening prior to the occurence of a stimuli or coping response which could result in disequilibrium. b.) educative - those actions aimed at increasing the number and/or scope of effective coping responses: or at changing perceptions of the stimuli. c.) restorative - those actions aimed at changing the nature of the stimuli or the coping responses in order to improve the likelihood of re-establishment of equilibrium. d.) supportive - those actions aimed at maintaining stimuli or coping responses which are producing equilibrium.
Consequences	Ibid, Page 6	1.) restoration or maintenance of equilibrium 2.) If coping responses continue to be unsuccessful in restoring equilibrium, crisis and death may eventually result.

Adapted from: CNA: Definition of Nursing Practice Standards for Nursing Practice,
Canadian Nurses Association, Ottawa, June, 1980, pages 19-21.

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Table 8
OVERVIEW OF PHILOSOPHY

CARIBOO COLLEGE
Nursing Program

Beliefs	a.) Model of Nursing	See Summary of Major Units of Model
	b.) **Education** (Nursing) is a systemic, purposeful process in the 3 domains of learning. Also, it provides foundations for continuing higher education. The program prepares practitioners, therefore, a large proportion of the program is clinical practice	i.) **Learner** is an unique individual who is an active participant. The Learner is self-directed and responsible for his/her learning. ii.) **Learning Process** is a lifelong process with a rapidly changing society. Learning is an actual process which takes place in formal and informal settings. Learning is enhanced when it can be practiced immediately. iii.) **Faculty** are facilitors of learning. Independent learning is an integral part of teaching/learning process, therefore, the curriculum provides opportunities for this process.
Purpose	a.) Prepare graduates who are eligible for registration in B.C. b.) Meet the provincial need for registered nurses functioning in nonspecialized areas in a variety of health care agencies. c.) Prepare graduates with basic knowledge, attitudes and skills with experience and/or education can function as leaders and provide care in specialized areas.	
Context of Practice	Following orientation, the graduate can function as a beginning nurse practitioner in nonspecialized areas, that are: (arranged in order of priority) 1. Acute 2. Intermediate & extended care agencies 3. Clinics 4. Doctor's offices 5. Home care settings where resources and supervision are available will be able to provide nursing care to individuals or groups of patients of all ages except critically unstable patients and/or predicatably require rapid assessments and immediate judgement for action. He/She will work a.) under the general supervision of an experienced registered nurse b.) within written policies and procedures.	

Table 9

SUMMARY OF MAJOR UNITS FROM CARIBOO COLLEGE
Name of Program
MODEL OF NURSING

Major Unit of Model	Source	Conceptual Model of Nursing
Goal of Nursing	Program Submission Page	MAN MEETING his needs which maintains homeostasis and achieves an optimal level of health.
Client	Program Submission Page 17	Man is a bio-psycho-social being in constant interaction with his environment and who has the following needs: a.) Elimination b.) Love, belonging and self-esteem c.) Mobility, rest and sleep d.) Nutrition e.) Oxygenation f.) Safety g.) Sensory regulation h.) Sexual functioning The interrelationship of needs and the priorities of needs is based on urgency to satisfy a particular need. Man attempts to satisfy needs in unique patterned ways in order to achieve and/or maintain homeostasis.
Role of Nursing	Program Submission Page 15	Nursing's unique function is to assist individuals to meet his needs using patterned ways or modified patterned ways which are consistent with his present and future ability and congruent with the norms of his society. Nursing performs an integrative function relative to the activities of other health team members.
Source of Difficulty	Program Submission Page 13	Man fails to meet his needs.
Intervention Focus	Page 15	Nursing assists the individual by supporting and/or modifying his individual ways.
Modes	Page 17 Page 15	Assisting the individual either to improve his patterned ways or to adjust to ways outside the range of generally used patterns imposed upon him due to his position on the Health-illness continuum. Nursing utilizes the nursing process in order to assist the individual to meet his needs.
		Nursing assists the individual by supporting and/or improving his patterned ways. Nursing combines specialized knowledge and skills with a caring attitude to assist the individual and to meet his needs. Nursing supports the individual to meet death peacefully.
Consequences	Page 19	1.) Man meets his needs. 2.) Peaceful death.

Adapted from: CNA: Definition of Nursing Practice Standards for Nursing Practice, Canadian Nurses Association, Ottawa, June, 1980, pages 19-21.

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Table 10
OVERVIEW OF PHILOSOPHY

Okanagan College
Nursing Program

Beliefs	a.) Model of Nursing	See Summary of Major Units of Model
	b.) Education (Nursing) The preparation of nurses who are knowledgeable, competent and compassionate requires a program design and structure conducive to professional role development, and based on principles of applied education. Diploma nursing education, while focusing on direct patient care, is an initiation to the scope of professional nursing. As such it is responsible for developing graduates who are adaptable to change and oriented to ongoing learning	i.) Learner - is accountable and responsible for his/her own learning. ii.) Learning Process - is enhanced within an environment that recognizes a learners' need for unstructured time, to be creative, autonomous, self-directing and to interact with other learners. In addition, a Work Experience through cooperative education assists the student to consolidate knowledge, to test education against the working reality and to strengthen the concept of the practitioner as teacher/learner. iii.) Faculty - The quality of instruction in nursing education depends upon the ability of the teacher to create and teach applied courses, to plan and facilitate experimental learning in the clinical field, and to maintain nursing competence required for role modeling.
Purpose	THE GRADUATE of the Diploma Nursing Program at Okanagan College will be prepared to: a.) assume a beginning staff position b.) write the provincial nurse registration exams c.) provide non-specialized**, health oriented nursing care to a group of patients	
Context of Practice	a.) acute, intermediate or extended care hospital (clinic, office or home care setting Minimal Emphasis) b.) work under the general supervision of an experienced registered nurse c.) work within a framework of written policies and procedure d.) **non-specialized nursing care - the nursing care of infants, children and adults exclusive of that required by critically ill or high risk patients. (Adapted from Draft Statement of RNABC Task Committee to identify critical components of a Basic Nursing Program).	

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Table 11

SUMMARY OF MAJOR UNITS FROM Okanagan College
Name of Program

MODEL OF NURSING

Major Unit of Model	Source	The Okanagan College Model is based upon Harry Helson's Adaptation - Level Theory:
Goal of Nursing	Program Submission Page 20	To assist patients to develop and use healthful adaptive responses. when they are experiencing need for intervention from the health care system
Client	Ibid., Page 20	1. Each patient is an unique being who is constantly responding to internal and external stimuli. 2. Normally, the stimuli affecting a patient arise from his basic needs, from his stage of development, and from his lifestyle. *Basic Needs*--Oxygen, nutrition, elimination, safety, activity and rest, sexuality and reproduction, affiliation, esteem, perception, learning, achievement, and spirituality. *Stages of Development*--prenatal, infancy, early childhood, middle childhood, adolescence, early adulthood, middle adulthood, and later maturity. *Lifestyle*--environment, religion and/or culture, society and/or class, habits. 3. Additional stimuli may come into play when a patient encounters a stressful event or a disease process. *Stressful Events*--crisis, loss and change. *Disease Processes*--Structural dysfunction, trauma, inflammation, immunity, neoplasm, genetic dysfunction, metabolic dysfunction, degeneration, psychosis, neurosis, personality dysfunction, and habituation. 4. Stimuli do not act singly. Even the simplest experience contains stimuli from varied sources.
Role of Nursing	Ibid., Page 19	To assist the patient to develop and use healthful adaptive responses.
Source of Difficulty	Ibid., Page 2	Patient's unique reuponse to actual or potential threats to health or when unique response to health are not optimal for that's patient adaptative potential
Intervention Focus	Ibid., Page 22	Nursing Interventions include the following: *Support* — maintaining stimuli which are producing a healthful response *Prevention*--forestalling the initiation of stimuli which might produce an unhealthful response *Alteration*--changing the nature of stimuli to improve the likelihood of a healthful response
Modes	Ibid., Page 19 and 22	Manipulating stimulli impinging upon the patient. By using a process which assists individuals to develop and use healthful adaptive responses. This process involves assessment, planning, intervention and evaluation.
Consequences		Optimal adaptive potential will be realized

Adapted from: *CNA: Definition of Nursing Practice Standards for Nursing Practice*, Canadian Nurses Association, Ottawa, June, 1980, pages 19-21.

Table 12

OVERVIEW OF PHILOSOPHY

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University of British Columbia, B.S.N.
Nursing Program

Beliefs	a.) Model of Nursing	See Summary of Major Units of Model
	b.) **Education** - We belive that a series of three sequential learning programs, each developed to prepare nurses to function in progressively complex roles, is an effective means of preparing nurses to meet specified needs of society (B.S.N., M.S.N. & DOCTORATE). We also believe that this pattern of educational preparation provides learners with the flexibility to pursue their individual career goals within the framework of their life goals and abilities. The curriculum should provide opportunities for nursing students to learn with studants in other disciplines and to pursue those individual interests which add breadth to their professional preparation. We also believe that preparation for the practice of nursing, for today and in the future, should provide a knowledge base of concepts and principles drawn from the biological, physical, and social sciences and opportunities to apply this knowledge to the practice of nursing by using the problem-solving method.	i.) **Learner** - We belive each student has a unique experiential background and a unique potentiality for personal and professional development. Therefore, there are differences among students in their responses to learning experiences, and in the level of achievement each student attains beyond the student expected. ii.) **Learning Process** - We assume that learning proceeds from the simple to the complex. Therefore, we believe the curriculum should provide opportunities for students to progress in their study of nursing from that relating to individuals, then to families and to communities. In addition, within each of these three areas of study students should progress from situations with few variables to be considered to those with multiple variables. As a faculty, we believe that nursing students should become actively involved in their own education: in identifying learning needs, planning learning experiences, and evaluating learning outcomes. This involvement as students should enable them to become self-directed learners, capable of seeking knowledge and developing skills throughout their professional careers. iii.) **Faculty** - The faculty has a responsibility to establish the direction of the programs, to provide the opportunities and the climate which promote learning and to set, interpret, and maintain standards of performance. The faculty is responsible also for promoting those values and attitudes which are consistent with the practice of professional nursing and with the maintenance of the student's identity as an individual. iv.) **Other** 1.) We believe that the quality of nursing care provided by students is a reflection of the attitudes and relationships they experience in their educational preparation. 2.) We believe that the School of Nursing has a responsibility to disseminate nursing Knowledge. We also believe that assignments required of students have the potential to promote the dissemination of nursing knowledge in clinical agencies. 3.) We believe that the School of Nursing has a responsibility to add to the body of nursing knowledge. We support nursing research and believe that faculty and students should be encouraged to participate in research activities. 4.) We believe that the School of Nursing has a responsibility to prepare and provide nursing leaders in nursing practice, education, and research. Leadership potential should be identified and fostered in faculty and students in all programs in the school.

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U.B.C. cont.

Purpose	Students who successfully complete the four-year B.S.N. program and who are recommended by the Director of the School of Nursing to Registered Nurses Association of British Columbia will be eligible to write the nurse registration examinations and to apply for nurse registration in B.C. on passing the examinations. (U.B.C. Calendar, 1982-1983, Page 57). The graduate will practice professional nursing in a variety of settings with the individuals, families and other groups of all ages and will demonstrate the following behaviours: Foundation for Professional Nursing Practice: 1. Applies knowledge from the arts and humanities to the practice o nursing. 2. Utilizes knowledge from the physical, biological and behavioural sciences in planning and implementing nursing care. 3. Uses scientific methods of inquiry in arriving at professional judgements. 4. Applies knowledge of man as a behavioural system and as a system in interaction with individuals and groups. Professional Nursing Practice: 1. Functions independently and interdependently in providing nursing care. 2. Assesses the health status of the client(s) and determines the need for nursing care. 3. Plans and intervenes purposefully to assist the client in attaining, maintaining or regaining health, or to a peaceful death. 4. Evaluates nursing interventions on the basis of established goals. 5. Communicates effectively with clients and colleagues. 6. Applies principles of learning and teaching in individual and group situations. 7. Applies research findings to improve nursing care. 8. Utilizes management principles in providing, directing and evaluating health care implemented by self and others. 9. Demonstrates the capacity for assuming a leadership role. 10. Collaborates with other members of the health professions in and restoring the health of individuals, families and community.
Context of Practice	Students who complete the baccalaureate program and earn the B.S.N. degree are prepared to provide nursing care to both individuals and families, to people of all ages, in any stage of health in primary care settings (Community) as well as in acute and long-term settings

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Table 13

SUMMARY OF MAJOR UNITS FROM University of British Columbia (B.S.N.)
Name of program

MODEL OF NURSING
(Campbell et. al., 1976)

<table>
<tr><th>Major Unit of Model</th><th>Source</th><th>Statements</th></tr>
<tr><td>Goal of Nursing</td><td>Nursing Papers Summer, 1976 page 5.</td><td>The optimal health of man.</td></tr>
<tr><td>Client</td><td>Ibid., page 5</td><td>

ASSUMPTIONS ABOUT MAN

1. Man has basic human needs* which he experiences as tensions.
2. Man constantly strives to satisfy each basic human need by using a range of coping behaviours.
3. Man constantly seeks harmony and balance as he strives to satisfy multiple and co-existing needs.
4. Man's coping behaviours are organized into repetitive, predictable patterns which become his characteristic way of meeting his needs.
5. Development of man's coping behaviours is dependent upon his growth, maturation, and life experiences.
6. When man encounters a critical period in his life cycle, his repertoire of coping behaviours may not allow him to satisfy one or more of his needs.
7. When coping behaviours do not permit satisfaction of basic human needs, man experiences a threat to his survival or growth.

ASSUMPTIONS ABOUT MAN AS A BEHAVIOURAL SYSTEM

1. Man may be viewed as a behavioural system made up of nine subsystems.
2. Each subsystem is responsible for the satisfaction of one basic human need.
3. Each subsystem may be viewed as a life space.**
4. The structure of each subsystem consists of two parts:
   a) an inter-personal region representing a basic human need and abilities to meet that need,
   b) a psychological environment representing the need-satisfying goal and the forces influencing its attainment.
5. The function of each subsystem is to achieve its specific goal through the following behavioural process:
   a) perception of the need to be met by the subsystem,
   b) recognition of need, goal, abilities and forces,
   c) planning (selecting possible alternatives) to achieve the goal,
   d) action directed toward goal achievement.
6. Each subsystem is interacting and interdependant with every other subsystem.
7. The subsystems are in a balanced relationship with each other and the system is in a balanced relationship with its environment. (Behavioural system balance).
8. Behavioural system balance (steady state) is maintained by feedback mechanisms operating within the system and between the system and the environment.
9. Each subsystem has the potential to develop cognitive and executive abilities.
10. The behavioural system has the potential for growth through the orderly progression of maturation within each subsystem.
11. The behavioural system is constantly experiencing tensions arising from internal and external sources.
12. The behavioural system uses tension-reducing responses to make both internal adjustments and adaptions to the environment.
13. Maturation influences the tension-reducing responses used at any given time.
14. When tension-reducing responses are inadequate to maintain behavioural system balance, imbalance results.

Table 1: Need and Goal of Each Subsystem

<table>
<tr><th>Subsystem</th><th>Need</th><th>Goal</th></tr>
<tr><td>Reparative</td><td>For balance between production and utilisation of energy</td><td>Capacity for activity</td></tr>
<tr><td>Excretory</td><td>For collection and removal of accumulated wastes</td><td>Absence of accumulated waste</td></tr>
<tr><td>Achieving</td><td>For mastery</td><td>Feelings of accomplishment; satisfaction with accomplishments</td></tr>
<tr><td>Ingestive</td><td>For intake of food and fluid; nourishment</td><td>Nourishment; satisfaction of hunger and thirst</td></tr>
<tr><td>Protective</td><td>For safety and security</td><td>Integrity of the system</td></tr>
<tr><td>Affective</td><td>For love, belongingness and dependence</td><td>Feelings of love, belongingness and dependence</td></tr>
<tr><td>Satiative</td><td>For stimulation of the system's senses (i.e. hearing, vision, smell, touch and taste)</td><td>Sensory satisfaction</td></tr>
<tr><td>Ego-valuative</td><td>For respect of self by self and and others</td><td>Self-Esteem</td></tr>
<tr><td>Respiratory</td><td>For intake of oxygen</td><td>Oxygenation; easy respiration</td></tr>
</table>

</td></tr>
</table>

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*Hereafter "need" refers to "basic human need".
**The concept of life space has been adapted from Lewin's field theory. See Bigge (1971) pp. 179-197.

Major Unit Of Model	Source	Statements
Role of Nursing	Ibid., page 5	Nursing's unique function is to nurture man during critical periods of his life cycle so that he may develop and utilize a range of coping behaviours which permit him to satisfy his basic human needs and thereby move toward optimal health.
Source of Difficulty	Ibid., page 8	The recipient of nursing care is any individual in a critical period, that is, a maturational stage or an unpredictable event. During this period in his life cycle, an individual encounters demands for modifying existent coping behaviours and/or for developing new ones in order to satisfy his needs.
Intervention Focus	Ibid., page 8 page 10	Nurturing activities, described as fostering, protecting sustaining and teaching, are directed toward reducing negative forces, maintaining and strengthening positive forces and fostering cognitive and executive abilities. Nursing assists him to satisfy his basic human needs during critical periods of his life cycle.
Modes	Ibid., page 13-15	The nursing process, a problem-solving approach, is a systematic, cyclical, ongoing method of providing nursing care. The nursing process usually is viewed as having four phases: assessment, planning, implementation and evaluation (Yura and Walsh, 1973). The assessment phase includes data collection and analysis. The structure and function of each subsystem dictate what data are to be collected. A data collection tool which includes major categories of subsystem data to be collected is used. The requirement to determine subsystem goal achievement and degree of need satisfaction demands that the data collected be analyzed. Analysis reveals concerns for nursing in relation to the presence and/or suitability of coping behaviours, the presence of negative forces and the presence and/or absence of positive forces. The planning phase includes setting priorities among the concerns identified, establishing objectives in behavioural terms and formulating nursing interventions to be employed. Objectives are stated as coping behaviours to be developed and/or utilized. Specific nursing interventions are derived from the three major means of intervention: reduction of negative forces, maintenance and strengthening of positive forces and fostering the development of cognitive and executive abilities. The implementation phase is the carrying out of nursing interventions as planned. The evaluation phase includes determining the effectiveness of nursing interventions, whether objectives are met and whether concerns have been resolved. These activities culminate in appraisal of behaviour change. This appraisal determines presence and/or suitability of coping behaviours and is related to goal achievement, need satisfaction and, therefore, behavioural system balance. Validation, an activity employed throughout the nursing process, includes clarifying and confirming data collected. Data collected represent, in part, patient perception of subsystem structure and function. Because each phase of the nursing process depends upon patient perception of subsystem structure and function, validation is required throughout.
Consequences	Ibid., page 8	As a result of nursing intervention the individual develops coping behaviors to deal effectively with the critical period so that behavioural system balance is maintained.

Adapted from: CNA: Definition of Nursing Practice Standards, for Nursing Practice, Canadian Nurses Association, Ottawa, June, 1980, pages 19-21.

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Table 14

OVERVIEW OF PHILOSOPHY
Vancouver Community College (Langara)
Nursing Program

Beliefs	a.) Model of Nursing	See Summary of Major Units of Model
	b.) **Education** -The general education background available in the community college provides a comprehensive theory base for decision-making that enhances the diploma nurse's ability to provide care to individuals of varying ages who require assistance to meet their needs	i.) **Learners** - must take responsibility for their own learning through independent study, consultation with resource individuals and active participation in self-evaluation. It is essential that the learner understand the philosophy, policies and procedures of the institution in which learning occurs. ii.) **Learning Process** - Learning involves interactions between an individual and his environment with resultant behavioral changes occuring within the individual. Effective learning requires that the learner be able to transfer prior knowledge to new situations. Progression toward learning goals is best achieved by moving from simple to complex, and from the familiar to the unfamiliar. Learning is enhanced when the learner is provided with an immediate and sufficient opportunity to practise the subject matter that he has been taught, with feedback regarding the result of the practice. Learning is facilitated, when the learner is allowed maximum participation in decision-making concerning the ongoing development of the educational experiences. iii.) **Faculty** - The educator accepts, respects and values each learner as an individual and promotes increasing independence and responsibility for learning. It is the educator's task to facilitate the application of knowledge by the learner and to focus on the principles that underlie techniques.
Purpose	The purpose of the Vancouver Community College, Langara Campus, nursing program is to prepare a graduate who: 1.) is able to function as a member of the health care team when given an orientation program and initial periodic direction by an experienced registered nurse or physician. 2.) has the potential to provide nursing care in intensive care and/or specialized areas following additional experience and ongoing education and supervision. 3.) is eligible to write registration examinations. 4.) demonstrates professional behaviour in the work environment and takes responsibility for continuing self-education. 5.) can co-ordinate and direct the activities of auxilliary nursing personnel.	
Context of Practice	The graduate of this nursing program will be able to provide nursing care via maintenance, restoration, and protection activities, for groups of individuals of varying ages who require assistance to meet their needs. These groups of individuals do not include those who require nursing care in intensive or critical care and/or specialized areas. Areas in which graduates of this nursing program maybe expected to function include general pediatric, postpartum, new born and psychiatry. Thus, the context of practice follows that specified by the R.N.A.B.C.	

[1] R.N.A.B.C. Competencies and Skills Required for Nurse Registration for a Graduate of a Basic program (Interim Working Document), June, 1977. p. 2

[2] March 1978

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Table 15

SUMMARY OF MAJOR UNITS FROM Vancouver Community College (Langara)
Name of Program

MODEL OF NURSING

Major Unit of Model	Source	Conceptual Model
Goal of Nursing	Program Submission Page 6	Maintaining the individual's health, or protecting individual's from illness and disability, and of assisting in restoring the individuals' health (or their optimal potential). [1]Adapted from Sakalys in Mitchell, concepts Basic to Nursing, New York: McGraw-Hill, 1977. p.3
Client	Ibid.,	Man, the individual, is unique and possesses worth. He has the right to respect and self-development. All individual have bio-psychosocial needs which are interdependent and essential for survival. These needs are: activity, elimination, oxygenation, protection, security and sexuality. The way in which an individual meets his needs will be constantly influenced by five factors: culture, environment, heredity, phase of life cycle, and socio-economic status. The way in which an individual meets his needs may also be influenced by pathogenic forces. These forces may exert a pathophysiologic and/or pathopsychologic influence on the individual, which may or may not be constant.
Role of Nursing	Ibid., Page 14	The nurse is concerned with supporting the ways in which healthy individuals meet their needs and providing the assistance required by individuals who have health problems. (Page 7, statement: This is the role of the college diploma nurse).
Source of Difficulty	Ibid., Page 6	Unable to meet his needs, and requires minimal to maximal assistance from health care personnel to meet his needs.
Intervention Focus	Ibid., Page 6	Helping people respond positively to these difficulties in daily living and dying which are associated with their actual or potential health problems or the treatment thereof.
Modes	Ibid, Page 14 and 15 Ibid,. Page 6	a.) Maintenance: is nursing activities which sustain or improve methods of meeting needs, or which provide comfort, care or support. This engenders health promotion. b.) Protection: is nursing activities which defend against or prevent further loss, danger or injury. c.) Restoration: is nursing activities which provide curative aspects of health care. The activity reflected in nursing care which may or may not be provided for healthy individuals is maintenance. The nurse will assess the healthy individual and then decide whether care is required. Maintenance, protection and restoration are the activities reflected in nursing care provided for individuals who have health problems. All nursing care is provided via the nursing process. The effective use of communication, nursing process and organizational skills is essential to successful achievement of above.
Consequences	Ibid,	The individual will meet his needs and assist/support to a peaceful death.

Adapted from: CNA: Definition of Nursing Practice Standards for Nursing Practice,
Canadian Nurses Association, Ottawa, June, 1980, pages 19-21.

REFERENCES

1. C.N.A.: A Definition of Nursing Practice Standards for Nursing Practice. Canadian Nurses Association, Ottawa, Ontario, June 1980.

2. Campbell, M.A. Cruise, M.J. and Murakami, T.R. "A Model for Nursing: University of British Columbia School of Nursing," Nursing Papers, Vol. 8, No. 2, pp 5-9, Summer 1976.

3. Johnson, D.E. "The Behavioral System Model for Nursing", Conceptual Models for Nursing Practice (2nd ed.) Riehl, J.P. and R., Sister Callistra (eds), Appleton-Century-Crofts, New York, 1980.

4. Roles and Functions, Joint Statement of the Licensed Practical Nurses Association of British Columbia, the Registered Nurses Association of British Columbia and the Registered Psychiatric Nurses Association of British Columbia, February 1977.

5. Steed, M. "Whatever Happened to Nursing Skills/Competencies?", Back to Basics, pp 44-54. Canadian Nursing Association National Forum on Nursing Education, Altowa, 1980.

Chapter IV

ADMISSION CRITERIA

What are the differences in the admission criteria of the five nursing programs? A component of the study was to describe the admission criteria for students entering the five programs. The admission criteria are illustrated on the following page.

Table 16 indicates that there are several variations between programs at the level of admission criteria. The most salient feature pertains to types of admission criteria. The university generic B.S.N. program, for example, features more academic requirements than do the colleges' programs. On the other hand, college programs feature a greater array of personal and physical admission requirements than does the university.

All programs include a statement in their admission criteria which makes provision for students in a mature student category.

TABLE 16

ADMISSION REQUIREMENTS TO NURSING PROGRAMS WITH REFERENCE TO TYPE OF APPLICANT

	ACADEMICS																	PERSONAL						PHYSICAL			OTHER		
		SCIENCES						LANGUAGES					PROFICIENCY TEST																
PROGRAM AND TYPE OF APPLICANT	ALGEBRA 11 OR MATH 11	BIOLOGY 11	BIOLOGY 12	CHEMISTRY 11	CHEMISTRY 12	PHYSICS 11	A SCIENCE 12	ENGLISH 11	ENGLISH 12	FRENCH 11 OR FOREIGN LANGUAGE	SOCIAL STUDIES 11	OVERALL AVERAGE GRADE 12 IN B.C.	ENGLISH PLACEMENT TEST	ENGLISH PROFICIENCY TEST (WRITTEN & ORAL)	READING TEST	MATH PROFICIENCY TEST	SCIENCE COMPETENCY TEST	INTERVIEW WITH	A) NURSING FACULTY	B) OTHER (eg. COUNSELLING)	REFERENCES	A) CHARACTER	B) WORK	DENTAL STATEMENT	IMMUNIZATION	MEDICAL STATEMENT	ST. JOHN'S AMBULANCE STANDARD FIRST AID COURSE	ST. JOHN'S AMBULANCE CPR COURSE	ORIENTATION SESSION
UNIVERSITY OF BRITISH COLUMBIA a.) Grade XII b.) Mature Students ⬢ c.) R.N. Graduate	■		■	■	■	■		■	■	■	■	65% ■ ■ 65%	■																
CAMOSUN COLLEGE a.) Grade XII b.) Mature Students		▲^{C} MIN	▲^{C} IMUM	▲^{C} OF	▲^{C} TWO	▲^{C}			C ■			NOT STATED		■		■	■								■ ■	■ ■		■ ■	■ ■
CARIBOO COLLEGE a.) Grade VII b.) Mature Students ⬢	C+ ■	C+ ■	C+ ●	■	▲	■						C+ ■			■ ■	■ ■				■				■	■	■			
OKANAGAN COLLEGE a.) Grade XII b.) Mature Students ⬢	●	▲ ▲	● ▲	▲ ▲	▲ ▲	▲ ▲						C+ ■ ●	■						●					■		■			
VANCOUVER COMMUNITY COLLEGE (LANGARA) a.) Grade XII b.) Mature Student ⬢	C+ ■	C+ ■		C+ ■								C+ ■	■		■	■				■	■	■	●				●	●	

Key ■ REQUIRED

● RECOMMENDED OR PREFERRED

▲ ONE OF CHOICE OF REQUIRED COURSES

⬢ WITH SPECIAL REQUIREMENTS

* ADAPTED FROM BECOMING A NURSE REGISTERED NURSES ASSOCIATION OF B.C. SPRING, 1981

Chapter V

BEHAVIORAL OBJECTIVES

For the purpose of this report the investigator found it convenient to include several aspects of the study under the general heading of behavioral objectives. As the approval criteria for programs preparatory to nurse registration in British Columbia require:

1. Curriculum objectives
2. Course objectives
3. Content and learning experiences:
    a. to be consistent with the course objectives
    b. to be sequential
    c. to be sufficient to achieve the objectives
4. That student evaluation be made using the objectives

it was anticipated by the investigator that analysis of each program's behavioral objectives would describe the educational content of each program. This was based on the fact that each program was currently approved by the R.N.A.B.C., therefore it was assumed that each program included the necessary educational content to achieve their stated objectives.

In addition, the analysis of the behavioral objectives used to evaluate students' learning would describe the student evaluation component of the study.

BACKGROUND

There has been a great deal of literature published in nursing and other disciplines in relation to behavioral objectives. Reilly, a nursing specialist, in her book on behavioral objectives, presents a Systems Model of Program Behavioral Objectives which was the initial conceptual model that the investigator used for this component of the study, (Reilly, 1982, p. 72). This author describes six distinct types of objectives within a nursing program:

program
level
course
unit
lesson plan
individual learning experiences

The program behavioral objectives are the broad statements of desirable outcomes of the program; these are of the same type as curriculum objectives required for program approval by the R.N.A.B.C. Level objectives are more specific statements of what outcomes are expected of students at certain points of time in a program. Course objectives are those outcomes expected to successfully complete a course; the course may have units which also have objectives. Lesson plan objectives are those objectives that an individual nursing faculty member may use. Finally, individual learning experience behavioral objectives may arise from any of the first five types of objectives. Reilly suggests that evaluation of students' learning must be made in relation to all six of these types of objectives.

Another nursing educator, Geissler, developed a method for analysing behavioral objectives to demonstrate the relationship of educational content of lessons to behavioral objectives which was useful for this study (Geissler, 1974).

Even though several approaches to the development of behavioral objectives in nursing have been suggested, it was evident that the use of the following three domains of behavior or learning is most prevalent in nursing literature:

cognitive
affective
psychomotor

It was evident from the literature review that even though some student evaluation procedures were inexact, the method for evaluating student proficiency levels with manual skills or within the psychomotor domain tended to be well defined by most nursing programs. Within B.C., the R.N.A.B.C. had developed such a tool which outlined the Essential Manual Skills required of graduates of programs preparatory to nurse registration in B.C. (Essential Manual Skills, 1978).

Lastly, an R.N.A.B.C. working document entitled Competencies and Skills Required for Nurse Registration for a Graduate of a Basic Program was most useful as it outlined a comprehensive list of behavioral objectives that were to be included in all programs preparatory to nurse registration in B.C. (Competencies and Skills, 1978). This document also contained a rating scale for the competencies and skills which rated behaviors according to the level of independency.

DEVELOPING THE METHODOLOGY

An important consideration during development of the methodology was the limitation of resources and time.

Purpose

It was evident that analysis of all the behavioral objectives and manual skills of the five programs would provide comprehensive answers to the following questions for this study:

What are the behaviors expected of:

1. A graduate of the program?
2. A student at specified points or levels in the program?

How does each of the programs select, organize and sequence its content and learning experiences?

1. What behaviors is the student expected to demonstrate in order to successfully complete each course?
2. What educational content is included in the program?
3. How is the students' learning evaluated in the program?

Additionally, analysis of the manual skills proficiency levels would provide more data in relation to educational content within the psychomotor domain and the student evaluation process.

However, due to the limitations, it was decided to use a representative set of behavioral objectives and manual or psychomotor skills rather than all of both to answer these questions. Emphasis was placed on describing the depth and scope of educational content outlined in the introductory chapter, on pages 2 and 3.

Design

The design of this component of the study proceeded in three phases.

Phase I

The investigator enlisted the cooperation of the five nursing program heads and of Sally MacLean, R.N.A.B.C.'s Consultant, Nursing Education, in a survey to select specific behaviors that were to be described through the analysis of the curriculum or program, level and course, and student evaluations objective. This analysis was an attempt to illustrate the educational content of each program's curriculum and subsequent evaluation. The survey tool and accompanying letter appear on pages 315 to 322.

The survey tool was developed using two R.N.A.B.C. documents which included the competencies, skills and proficiency levels required of a graduate of a program preparatory to nurse registration in B.C. (Competencies and Skills, 1978, and Essential, 1978). The competencies and skills are behavioral objective statements and were assumed to be included in the five programs.

With a set of selected competencies and skills the investigator hoped to achieve the following:

1. identify which of the program or curriculum objectives for each of the programs related to the selected set. Once this was determined,

2. attempt to describe, by using the descriptive tool which was developed, the following:

    a. the distribution of objectives within the three domains for each program. This data may assist in describing the emphasis of educational content within a program. For example, if a curriculum or program objective was in all three domains but the majority of level, course and evaluation objectives that relate to the program objective are only in the cognitive domain, then this would suggest the majority of educational content would be within the cognitive domain rather than all three domains equally.

    b. the expected level of student performance in relation to the selected behavior. It was seen as useful to be able to describe and compare the levels of expectation among the five programs.

       Three methods for determining the expected level of a behavioral objective were identified: the level of taxonomy of the action verb and/or direct object; the level of student independence; and the situation or setting in which the student was to display the behavior.

       The analysis of the expected level of student performance was also seen as useful for determining at which level the student actually was being evaluated, both in the classroom and clinical settings. For an example, if there is a course objective at the highest level of the taxonomy but all examination questions related to it are below this level, then this may suggest the actual level of expectation is lower for the course objective.

The participants in the survey selected five competencies and skills and four categories of manual or psychomotor skills which were used for the next phase.

Phase II

The investigator developed a set of questions in relation to the selected behaviors identified from the survey. The selected behaviors and questions appear on pages 325 to 327.

The initiation of the data collection began for this phase of the study with the on-site visits made by the investigator. Unfortunately, the intent stated in Phase I could not be fully completed for the following reasons:

1. The relationship of U.B.C.'s curriculum objectives to the selected competencies and skills indicated that the majority of these objectives met each of the selected competencies and skills. As U.B.C. is the criterion model, it was decided that comparing the majority of educational content defeated the purpose of the survey, that was, selecting specific content areas so the universal content would not have to be described. The relation of U.B.C.'s program objectives to the selected competencies and skills can be found on page 356 in Dr. Willman's memo of January 25, 1983.

2. Each of the five programs stated that the first two selected competencies and skills to:

   a. demonstrate cognitive skill in using the problem-solving approach

   b. demonstrate ability to use the nursing process in providing nursing care

   encompassed the majority of educational content included in the nursing and support courses with the possible exception of English.

3. Some support course objectives were unavailable.

4. The course and evaluation objectives were phenomenal in number.

5. As Reilly's Systems Model of Program Behavioral Objectives was used as the conceptual framework for this component of the study, describing the relationship of the curriculum, level, course objectives and objectives for evaluation of students was not possible because:

   a. The developmental relationship between course and evaluation objectives for exams or tests could not be determined for all programs. Both U.B.C. and V.C.C. did not have exam blueprints, therefore the investigator reviewed the exams these programs had provided. As the task of analysing exams and blueprints was limited by time and resources, only a brief summary was made.

   b. A cogent link could not be determined for U.B.C.'s curriculum, level, course objectives and evaluation of students objectives by using Reilly's Model or any other model the investigator could use for all programs. As U.B.C. was the criterion model for this study, a comparative micro analysis between the four colleges and U.B.C. was not possible within a realistic time-frame.

Phase III

As a consequence of the limitations stated in Phase II, the investigator decided to use the descriptive tool to analyse all the curriculum and level objectives, in order to describe the broad educational content and the method of sequencing that content.

The four categories of Essential Manual Skills selected in the survey were compared. However, another limitation of this task within the study was the differences between the methods used by the five programs in determining the expected level of performance for the Essential Manual Skills. Camosun, Cariboo and Okanagan Colleges used the R.N.A.B.C.'s level of performance scale (Essential, 1978, p. 14). U.B.C. used a modification of this scale and V.C.C. used Dave's psychomotor taxonomy.

Descriptive Tools

A descriptive tool on pages 103 to 106 was developed for the analysis of objectives. The investigator developed this tool following consultation with Dr. Carol Attridge of the University of Victoria, School of Nursing.

The four questions used were derived from Geissler's method of coding objectives and the R.N.A.B.C.'s Level of Performance for Essential Manual Skills scale (Geissler, 1974 and R.N.A.B.C., 1977). Bloom's, Krathwolhl's and Dave's taxonomies of objectives for the three domains of learning were simplified as follows (Guilbert, 1977):

a. **Level I** would represent:
    i. **The cognitive domain** - the recognition and recall of knowledge.
    ii. **The affective domain** - the awareness of, the attending to and reacting to certain stimuli or phenomena.
    iii. **The psychomotor domain** - the duplication of an action or behaviors that is motor or manipulative.

b. **Level II** would represent:
    i. **The cognitive domain** - the comprehension, application and analysis.
    ii. **The affective domain** - the valuing and organization as demonstrated by commitment to a set of values.
    iii. **The psychomotor domain** - the manipulation and performance of motor skills as demonstrated by habituation or control.

c. **Level III** would represent:

   i. **The cognitive domain** - the synthesis and evaluation levels or problem solving.

   ii. **The affective domain** - the characterization or internalization of values.

   iii. **The psychomotor domain** - the perfection or automation of motor skills.

The investigator synthesized groups of action verbs and direct objects which had previously been validated by other researchers and placed them in the simplified taxonomy (Gronlund, 1982; Isaac and Michael, 1981 and Reilly, 1980). This descriptive tool was validated by seven nurse educators. Trained assistants and the investigator used this tool to analyse the objectives. The investigator made the final decision for the coding of all objectives.

ANALYSIS

Each program's curriculum and level objectives appear on the following pages:

Camosun	**page**	108
Cariboo		111
Okanagan		119
U.B.C.		137
V.C.C.		143

Macro-analysis of the curriculum and level objectives revealed the following:

1. **Number of Curriculum Objectives**

Camosun College	Cariboo College	Okanagan College	U.B.C.	V.C.C.
8	8 with 2 - 4 sub-objectives for each	3 with 3 - 5 sub-objectives	4 under Foundations of Professional Nursing Practice; 15 under Professional Nursing Practice	8 with 5 - 23 sub-objectives for each

2. Each program may expect the student to achieve the curriculum objectives at different levels of the program, that is, the terminal behavior may be expected before the last level.

3. Each program may introduce specific objectives at different levels of the program, that is, the content related to specific objectives may be introduced at different levels of the program.

4. All programs achieve the expected level of performance at the end of the program vis-a-vis their curriculum objectives.

Educational Content

As each program was approved by the R.N.A.B.C., it was assumed that each program included the necessary educational content to achieve their stated curriculum objectives. Therefore, analysing the curriculum objectives for each program would identify the broad content areas within the curriculum. In addition, analysing the level objectives would provide a more in-depth description of the method of sequencing the content. Finally, analysing both these types of objectives would identify the level of performance expected by each program. This apsect of the analysis will be expanded upon under Evaluation of Learning.

All programs have curriculum and level objectives which encompass the following behaviors. Therefore, it was assumed that the necessary educational content was present and, subsequently, that diploma and baccalaureate nursing programs have a common content area or areas:

1. The use of the nursing process as the framework for the delivery of nursing care.

2. The use of the principles of teaching and learning in nursing practice.

3. The need to be responsible and accountable for their own behavior in nursing practice.

4. The use of organizational skills in providing nursing care to a group of individuals.

5. The need to collaborate with other health care workers.

6. The appropriate use of interpersonal relationship skills with patients and co-workers.

7. The appropriate use of written and verbal communication skills.

8. The demonstration of potential leadership skills in the practice of nursing.

9. The internalizing of the values and standards of the nursing profession.

The analysis of both the curriculum and level objectives showed the following pertinent differences between the college programs and U.B.C.:

1. Each of the college programs states a behavioral objective that identifies the level of expectation a student must meet at each level of the program, in relation to the curriculum objectives. The assumption was made that the content to achieve this objective was included in the level. U.B.C., however, did not have these level objectives for each of their levels, therefore the investigator reviewed the course objectives to determine if the behaviors were identified within this type of objective.

   There was evidence within the course objectives to indicate that the majority of behaviors relating to the curriculum objectives was included at each level of the program.

2. While the four colleges have very similar expected behaviors identified in these two types of objectives, U.B.C. identifies the following behaviors that are not encompassed within the colleges' objectives:

   a. The application of the principles of public health

   b. The exploration of alternate modes of health care

   c. The performance of nursing's unique function, independently or interdependently

   d. The use of a nursing family model

   e. The use of research findings in nursing care

   f. The application of management principles

   g. The evaluation of the role of the nurse in relation to trends in health care

   h. The development and promotion of the profession of nursing.

Finally, analysis of the psychomotor skills list revealed:

3. U.B.C. expected their students and graduates to teach psychomotor skills; if the assumption is made that students learn to teach colleagues while diploma programs do not, then perhaps additional educational content is included in the B.S.N. program.

4. Each of the programs include the largest proportion of the skills listed under the four categories of psychomotor or manual skills lists. The summary of the four groups of Essential Manual Skills is provided in Table 24 (pp. 233 to 235).

Evaluation of Learning

Reilly claims that the evaluation of students' learning should be done in relation to the stated behavioral objectives of the program and that program objectives have various developmental levels (Reilly, 1980, Ch. 7). Each of the five programs accomplishes the evaluation of students using three common categories of evaluative tools. These evaluative tools are as follow:

1. The clinical practice evaluation form or tool
2. The examination or test
3. A proficiency or skills rating list for psychomotor skills.

This study was limited to the description of these tools of evaluation as it fell beyond the purpose of this investigation to describe how each faculty member uses his/her professional judgment in the interpretation of these tools.

In the practice setting, students are evaluated on their performance usually by one faculty member as well as through self-evaluation. All programs use a method for ensuring a degree of consistency between faculty's interpretation of the evaluative process.

The clinical evaluation tool serves as a guideline for all programs to perform evaluation of learning. Samples of each of these evaluation forms are included on the following pages:

Camosun	**page**	159
Cariboo		167
Okanagan		181
U.B.C.		189
V.C.C.		221

A survey of these evaluative tools indicated the following patterns in the programs:

1. All the college programs use the stated level objectives as the basic framework for clinical evaluation.

2. All the colleges use the same rating scale for each level of the program.

Differences with respect to evaluative tools used by the various programs were identified as follow:

1. Camosun, Cariboo and V.C.C. provide additional standards or examples of the expected behavior.

2. U.B.C. uses various formats and rating scales for each level of the program, as well as for different courses. In addition, U.B.C. uses a different evaluation tool for different clinical settings.

An attempt was made by the investigator to analyse the exam blueprints for the nursing courses so as to determine the expected level of performance. However, given that each program had various ways of constructing exams, this attempt at analysing the data proved unsuccessful. As previously mentioned, U.B.C. and V.C.C. did not have exam blueprints but instead provided the exams to the investigator. Representative samples of Camosun, Cariboo and Okanagan Colleges' blueprints are provided on pages 227 to 231.

A summary of the level of expected performance of the four groups of Essential Manual Skills selected in the survey is provided in Table 24 (pp 233 to 235). On the basis that U.B.C. has a different method of rating the level of performance, and that V.C.C. uses a different format and rating scale, a comparison between programs could not be made. These two methods of determining the level of performance for the Essential Manual Skills are included on pages 237 to 254. It appears that U.B.C.'s level 4 rating usually occurs when the three colleges, using the R.N.A.B.C.'s rating, are level 3.

REFERENCES

1. Bloom, B.S. (ed.). Taxonomy of Educational Objectives: The Classification of Educational Goals. (Handbook 1: Cognitive Domain). David MacKay, New York, 1956.

2. Competencies and Skills Required for Nurse Registration for a Graduate of a Basic Program, Interim Working Document. Registered Nurses' Association of British Columbia, March 1978.

3. Dave, R.H. "Psychomotor Levels", Developing and Writing Behavioral Objectives. Educational Innovations Press, Tucson, Ariz., 1970.

4. Essential Manual Skills. Registered Nurses' Association of British Columbia, 1978.

5. Geissler, E.M. "Matching Course Objectives to Course Content", Nursing Outlook. Vol. 22, No. 9, pp 579-582, September 1974.

6. Gronlund, N.E. Constructing Achievement Tests. Prentice-Hall, Inc., Englewood Cliffs, N.J., 1982.

7. Guilbert, J. Educational Handbook for Health Personnel, World Health Organization General, W.H.O. Offset Publication No. 35. Chief, Office of Publications, 1211 Geneva 27 Scnitiz, 1977.

8. Isaac, S. and Michael, W.B. Handbook in Research and Evaluation. 2nd Edits Publishers, San Diego, Cal., 1981.

9. Krathwohl, D.R., Bloom. B.S. and Masin, B.B. Taxonomy of Educational Objectives: The Classification of Educational Goals, (Handbook 2: Affective Domain). David McKay, New York, 1961.

10. Reilly, D.E. Behavioral Objectives Evaluation in Nursing, 2nd ed. Appleton-Century-Crofts, New York, 1980.

Chapter VI

LEARNING EXPERIENCES

This chapter examines the planned learning experiences or events outlined in the curriculum according to type and quantity. A qualitative analysis was not performed.

Two descriptive tools, a Semester Profile and Learning Experience Hours Overview were designed to accomplish the task of describing the amount of learning experiences. These tools encompassed all the types of learning experiences which may occur in nursing programs. As much data as possible was gathered prior to visiting the educational institutions that served for this study. This data collection was reviewed by each of the programs during the on-site visits and the final products are included on the following pages:

Camosun College	**pages**	258-263
Cariboo College		266-271
Okanagan College		274-280
U.B.C.		282-287
V.C.C. (Langara)		290-295

The quantitative aspect of the planned learning experiences for each program has been summarized in the following tables:

Camosun College	Table **# 25**	p. 257
Cariboo College	**# 26**	p. 265
Okanagan College	**# 27**	p. 273
U.B.C.	**# 28**	p. 281
V.C.C.	**# 29**	p. 289

Limitations:

Two basic constraints in using this quantitative data for determining the actual hours of learning experiences were identified. These limitations appear as follows:

1. Camosun College's primary teaching/learning approach focuses on self-directed learning. Consequently, the planned learning experience hours of this program do not reflect hours of planned learning outside the scheduled time. In addition, each of the remaining programs require varying degrees of independent learning. The hours stated in the descriptive tools comprise only the scheduled hours of a program.

2. Camosun College specifies the "out-of-class" hours of workload as "the average number of hours of homework required each week for successful completion of the course" (Camosun, 1981-1982, p. 36). There is no comparable type of learning experience described by the other programs.

As a result of these two constraints, the investigator attempted to collect additional data on the out-of-class workload for all programs. Camosun College is presently reviewing the accuracy of these estimated hours and none of the other four programs surveyed could offer similar information. Given the circumstances, the investigator chose to exclude Camosun College's out-of-class hours of workload from the planned learning experience statistics.

Analysis:

The data was analysed in the following ways:

1. The proportion of total hours of five types of learning experiences was calculated for each program. Okanagan College has a sixth type of learning experience which occurs in Work Semester I; it is not supervised by the College but it is required for promotion to Semester III. These proportions are shown at the foot of the Learning Experience Hours Overview Tables. Figure 3 on page 60 represents these ratios in graph form.

2. The raw hours of learning experiences are summarized and compared in Table 19, page 61.

3. A comparison between 1. and 2. is made in Figure 4, page 62.

4. The typical student's scheduled workload per week for each term, semester or year is calculated for each program and summarized in Table 20, page 63. Figure 5, page 64, illustrates the comparison of student workload per semester for all programs. Figure 6, page 65, compares the balance of theory to practice for each semester or term for all five programs using the numbers appearing in the second last column of Table 20.

5. Program lengths have been calculated and summarized in Table 21, page 66. Figure 7, page 67, illustrates in graph form the relationship between the lengths and time frame of each of the five programs.

6. Each of the four college programs are compared to U.B.C. as the criterion model in Table 22, page 68.

As mentioned previously, these hours of learning experiences should not be interpreted as including all hours of learning. The average workload of students may vary significantly if actual out-of-class and in-class workloads are combined and demographic characteristics of students are considered.

An additional component of the learning experiences included in this study reflects the transferability of college courses to the university. These courses appeared on the semester or term profiles of each program. Table 17 is a composite of the courses which have been identified in the college calendars as University Transfer. Whenever possible, the specific university course and number has been identified in the table.

Table 17

Colleges' University Transfer Courses

Program	Course Name	Transfer To
1. Camosun College	a. Psychology 154 & 254	U. of Victoria
	b. English 150	U. of Victoria
	c. Elective	U. of Victoria
2. Cariboo College	a. Biology 159 & 169	UBC Zoology 153
	b. Psychology 111 & 121	UBC Psychology 100
	c. Sociology 111 & 121	UBC Sociology 200
3. Okanagan College	a. Biology 113 & 123	UBC Unassigned Science (1.5 units)
	b. English 111 & 121	UBC English 100
	c. Psychology 111 & 121	UBC Psychology 100
	d. Social Science Electives	UBC Possibly
4. Vancouver Comm. College (Langara)	a. Biology 121 & 221	UBC Zoology 153
	b. Psychology 115 & 215	UBC Psychology 100
	c. English 127 & 128 + Elective	UBC English 100

Finally, each of the five nursing programs organize their courses in different ways. Supporting evidence taken from current college calendars has been summarized in Table 18, pages 54-59.

Table 18 - Summary of organization of courses according to type of content (Note - *Support courses)

Program	Organization and Brief Description of Courses
1. Camosun College	Theory a. Nursing 150, 151, 250, 241, and 251 is Nursing Theory & Pharmalogy. The lab component of nursing 160, 161 260 has a lab component which has been included as theory in the overview of Learning Experience Hours. Practice b. Nursing 160, 161, 171, 260, 261 and 271 is practice in either the community or hospital setting. Other c. *i. Biology 156 & 157 is normal anatomy, physiology and some microbiology. *ii. Biology 256 is Pathology & Some microbiology *iii. Psychology 154/254 - Interpersonal Relationship i.e. Communication skills. *iv. English 150 - writing skills *v. Elective d. Pre + Co-Requisites i. The prerequisite for all nursing courses listed is admission to the nursing program. ii. NRSG 150 + 160 Pre or Co-Requisites: Biology 156, Psychology 154 iii. NRSG 151 + 161 - Pre-NRSG 150 + 160 respectively Co-Biology 157, Psychology 254 iv. NRSG 171 - Pre-Biology 157, Nursing 151/161 and Psychology 254 v. NRSG 241 - Pre-Nursing 250, 260 vi. NRSG 250 + 260 Pre-Nursing 171 Co-Biology 256 vii. NRSG 261 - Pre-Nursing 250 + 260 viii. NRSG 271 - Pre-Biology 256, Nursing 241, 251, 261 *ix. Biology 156/157 - Pre-admission to program *x. Psychology 154 - Pre-Grade XII English or equivalent Psychology 254 - Pre-254 *xi. English 150 - Pre-English Grade XII or equivalent

Program	Organization and Brief Description of Courses
2. Cariboo College	Theory a. i. Nursing 110, 120, 130, 240, 261 and 270 is nursing theory ii. Nursing 111, 121, 131, 241 and 262 has a lab component which has been included as theory in the overview of Learning Experience Hours. iii. Nursing 124 + 134 is Pharmalogy iv. Nursing 112 + 242 is the role of the student nurse and graduate nurse Practice b. Nursing 111, 121, 131, 241, 262 and 271 is practice in either the community or hospital setting. Other c. i. Nursing 132 is Physical fitness *ii. Biology 159/169 is anatomy and physiology *iii. Microbiology 160 - introductory *iv. English 159/169 - writing and communications *v. Psychology 111/121 - introductory *vi. Sociology 111/121 - introductory vii. Pathology taught by nursing faculty in 2nd & 3rd year nursing courses d. Pre and Co- Requisites i. Nursing 110, 111 and 112 - Pre-Admission to the program. ii. Nursing 120 - Pre-Nursing 110 and 111, Biology 159 with C, Co-Biology 169 iii. Nursing 121 - Pre-Nursing 110 and 111, Biology 159, Co-Nursing 120, Biology 169 iv. Nursing 124 - Pre-Nursing 110/111 v. Nursing 130 - Pre-Nursing 120, 121 and 123 Biology 159, 160 vi. Nursing 131 - Pre-Nursing 120 and 121, Biology 159, 169 vii. Nursing 132 - Pre-admission to program viii. Nursing 134 - Pre-Nursing 124 ix. Nursing 240 - Pre-Nursing 130, 131 and 134 x. Nursing 241 - Pre-Nursing 130, 131 and 134 Co-Nursing 240 xi. Nursing 261 - Pre-240 and 241

Program	Organization and Brief Description of Courses
Cariboo, cont.	xii. Nursing 262 - Pre-Nursing 240 and 241 Co-Nursing 261 xiii. Nursing 270 - Pre-Nursing 261 xiv. Nursing 271 - Pre-Nursing 261 + 262 Co-Nursing 270 *xv. Biology 159 - Pre-Biology 11 Withee C+ *xvi. English 159 - None stated *xvii. Sociology, Psychology and English - These support courses may be taken anytime before, concurrently, or after the nursing courses, but before the R.N. examinations are written.
3. Okanagan College	Theory a. i. Nursing 111, 121, 211, 221, and 311 is Nursing Theory & Pharmalogy. ii. Nursing 112, 122, 212, 222 and 312 is practice with lab content which has been included as theory. iii. Health Sciences 111, 121, 211, 221 and 331 is the professional aspect of nursing iv. Nursing 313 is directed studies in nursing Practice b. i. Nursing 112, 122, 212, 222, 312, 130 and 230 is nursing practice ii. Nursing 130 - is work experienced iii. Nursing 230 - is a preceptorship Other c. *i. English 111 + 121 is Equivalent to English 100 *ii. Biology 113 and 123 is Anatomy and Physiology *iii. Psychology 171 and 121 is Introductory Psychology *iv. Biology 216 and 226 is Pathology *v. Biology 217 is Microbiology *vi. Social Sciences electives

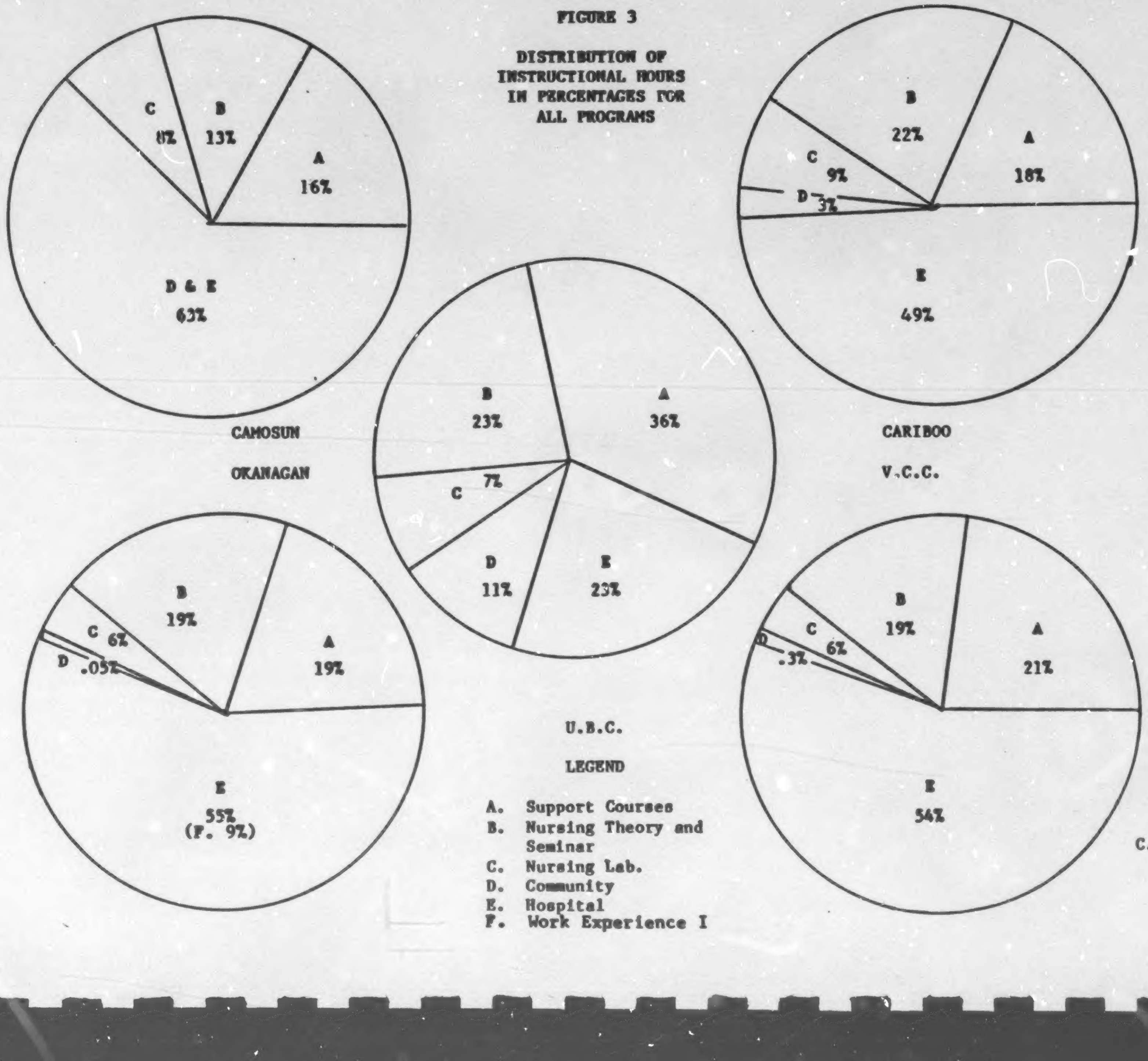
Program	Organization and Brief Description of Courses
	d. Pre-Co-Requisites i. Health Science and nursing theory must be taken concurrently with the nursing practice ii. Concurrent registration is also required in Biology 216 and 226 during the record year iii. Other program sources than in i. & ii. may be taken prior to formal admission
4. U.B.C.	Theory a. i. All nursing courses have a theory component ii. Nursing 101, 201, 301, 403 and include a lab component iii. Nursing 302 is a course designed for part - R.N. students on the nursing process iv. Nursing 303 is nursing care of families v. Nursing 304 is nursing research vi. Nursing 305 and 405 are professional nursing issues vii. Nursing 406 is management of nursing care viii. Nursing 408 is guided study in nursing ix. nursing 409 is a clinical nursing elective Practice b. Nursing 101, 201, 301 and 403 include practice in the hospital setting c. Nursing 301, 303 and 403 include practice in the community setting Other d. *i. English 100 *ii. Psychology 100 *iii. Zoology 153 is introductory anatomy and physiology opened only to nursing students e. *iv. Home Economics 203 or 209 are nutrition courses *v. Microbiology 153 is introductory microbiology open only to nursing students *vi. All physical education courses are conditioning programs *vii. Pharmaology 240 for second year nursing students *viii. Pathology 375 *ix. Anthropology/sociology *x. Epidemology 426 (Introductory) *xi. Mathematics 203 is statistical methods

Program	Organization and Brief Description of Courses
U.B.C.	Pre-Co-Requisites d. i. Nursing 201 - Pre-nursing 101 ii. Nursing 301 - Pre-nursing 201 iii. Nursing 303 - Pre-nursing 301 or 302 iv. Nursing 304 - Pre-mathematics 203 v. Nursing 403 - Pre-nursing 303 vi. Nursing 405 - Pre-nursing 305 vii. Students are required to complete the St. John's Ambulance Association Basic Life Support Cardio-Pulmonary Resusitation course before entering second year and to be re-certified yearly. *viii. Electives - any three or six limits of courses in the University subject to prerequisites and approval of the School of Nursing *ix. Home Ec. 203 - Pre-Chem 203 *x. Home Ec. 290 - Chemistry 22 or equivalent; Chemistry 12 or Chemistry 103 strongly recommended. *xi. Pathology 375 - Pre-Biology 101 or 102 Chemistry 103, 110 or 120, Physiology 301, Biochemistry 300, Anatomy 390 and Anatomy 501 or equivalents *xii. Mathematics 203 - Pre-Mathematics 12 *xiii. Epidemology 426 - Pre-permission of instructor
5. V.C.C.	Theory a. i. Nursing 135, 235, 335, 435, 535 and 648 are nursing theory ii. Nursing 138, 238, 338 and 438 is practice which which includes a lab component iii. Pharmalogy 115 & 215 Practices b. Nursing 138, 238, 338, 438, 538 and 648 are hospital practice Other c. *i. Biology 121 and 221 are Anatomy and Physiology *ii. Psychology 115 and 215 are introductory Psychology *iii. Physical Ed. 117 is a conditioning program *iv. Biology 321 + 421 are Pathology & microbiology *v. English 127 or 128 and Elective are equivalent to English 100

Program	Organization and Brief Description of Courses
V.C.C.	Pre-Co-Requisites d. i. Nursing 235 & 238 - Pre-Nursing 135 & 138, Biology 121, Psychology 115, and Pharmacology 115. ii. Nursing 335 & 338 - Pre-Nursing 235 & 238, and Psychology 215. iii. Nursing 435 & 438 - Pre-Nursing 335 & 338, Biology 421, and Pharmacology 215. iv. Nursing 535 & 538 - Pre-Nursing 435 & 438, and Biology 321. v. Nursing 648 - Pre-Nursing 535 & 538. vi. Pharmacology 215 - Pre-Nursing 235 & 238, and Biology 221. *vii. One English elective course in any semester prior to Semester V. *viii. Biology 221 - Pre-Biology 121. *ix. Biology 321 - Pre-Biology 221. *x. Biology 421 - Pre-Biology 321. *xi. English 127 & 128 - Pre-Eng. 12, CV 81/91, Eng. 107 or equivalent. *xii. Psychology 215 - It is recommended that Psych 115 be taken before Psych 215.

FIGURE 3

DISTRIBUTION OF INSTRUCTIONAL HOURS IN PERCENTAGES FOR ALL PROGRAMS



C.

TABLE 19

TOTAL HOURS IN ALL PROGRAMMES ACCORDING TO TYPES OF LEARNING EXPERIENCES

Type of Learning Experience	Camosun	Cariboo	Okanagan	U.B.C. (Generic)	V.C.C.
I. Theory/Experience					
a. Support Courses	336	497	502	1,079	519
b. Nursing Theory/Seminars	266	616	496	693	486
c. Nursing Labs	168	241	154	218	148
Subtotal Theory Experience	770	1,349	1,152	1,990	1,153
II. Practical Experience					
a. Community (Supervised & Unsupervised)	1,284.5	86	16	311	7
b. Hospital		1,369.5	1,418*	656	1,326-1,358
Subtotal Practical Experience	1,284.5	1,457.5	1,434	967	1,333-1,363
TOTAL	2,054.5	2,797.5	2,586	2,957	2,486-2,518

*160 hours Work Semester I included

Figure 4 - COMPARISON OF ALL PROGRAMS ACCORDING TO PROPORTIONS OF TOTAL INSTRUCTIONAL HOURS SPENT IN SPECIFIC TYPES OF LEARNING EXPERIENCES

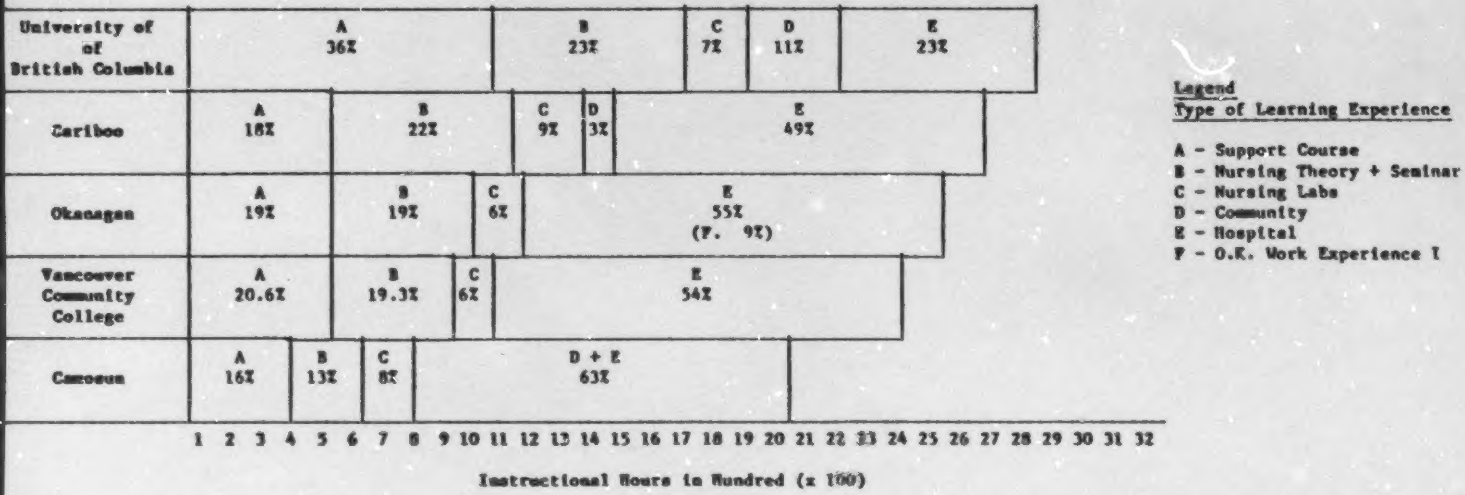


TABLE 20 - SUMMARY FOR ALL POGRAMS OF STUDENT AVERAGE IN CLASS WORKLOAD

				THEORY (Hrs/Wk)				PRACTICE (Hrs/Wk)					
		Semester/or Term	Calendar Year	Support Courses	Nursing Theory & Seminar	Nursing Lab	Average	Community	Hospital	Average Practice	Average Workload Hrs/Wk	Average and Mean of Average Workload for Entire Program	Comparison of Theory to Practice Practice = 1
CAMOSUN	1	I		7	4	4	15	6	6	12	27	Average = 168.5/6 = 28.2	15 ÷ 12 = 1.25
	2	II	1	7	4	4	15		12	12	27		15 ÷ 12 = 1.25
	3	Spring I							24	24	24		0 0
	4	III		7	4	4	15		12	12	27		15 ÷ 12 = 1.25
	5	IV	2	3	7		10		16	16	26		10 ÷ 16 = 0.63
	6	Preceptorship							37.5	37.5	37.5		0 0
CARIBOO	1	I	1	11	9	7	27	1	5-6	6-7	33-34	Average = 199.5/6 = 33.3	27 ÷ 6.5 = 4.3
	2	IIa		11.5	8	4	23.5		6	6	29.5		23.5 - 6 = 3.9
	3	IIb	2	6	8	2	16		15	15	31		16 ÷ 15 = 1.07
	4	IIIa		6	8	2	16	2	16	18	34		16 - 18 = .9
	5	IIIb	3		9	2	11	2	24	26	37		11 ÷ 6 = 0.4
	6	IV			2		2		35	35	37		2 ÷ 35 = 0.06
OKANAGAN	1	I		12	7	4	23		6	6	29	Average = 218/7 = 31.1	23 ÷ 6 = 3.8
	2	II	1	12	7	2	21		9.5	9.5	31.5		21 ÷ 9.5 = 2.2
	3	Work I							35-40	35-40	35-40		0 0
	4	III		7	6	2.5	15.5		14	14	29.5		15.5 ÷ 14 = 1.1
	5	IV	2	5	7	2	14		14	14	28		14 ÷ 14 = 1
	6	Work II							37.5	37.5	37.5		0 0
	7	V	3		9		9	1	15	16	25		9 ÷ 15 = 0.6
U.B.C.	1	Fall	1	16	5	3	24				24	Average 220.5/8 = 27.5 - 28	0 0
	2	Spring		17	5	3	25		6	6	31		25 ÷ 6 = 4.2
	3	Fall	2	11	4	2	16		12	12	29		16 ÷ 12 = 1.3
	4	Spring		8	4	2	13		12	12	26		13 ÷ 12 = 1.08
	5	Fall	3	10	4	1.5	15.5	2	10	12	27.5		15 ÷ 12 = 1.25
	6	Spring		7	8	1	16	9		9	25		16 ÷ 9 = 1.8
	7	Fall	4	7	7-8	2	16-17	13	or 13	13	29-30		16.5 ÷ 13 = 1.26
	8	Spring		7	8-9	2	17-18	12	or 12	12	29-30		17.5 ÷ 12 = 1.45
V.C.C.	1	I		13	6	4	23			6.5	29.5	Average 191/6 = 31.8	22 ÷ 7.5 = 2.9
	2	II	1	10	5	4	19		12	12	31.0		19 ÷ 12 = 1.6
	3	III		8	9	2	19		16	16	35		16.5 ÷ 16 = 1
	4	IV		8	5	3	16		16	16	32		13 ÷ 16 = 0.8
	5	V	2	5			5		24	24	29		5 ÷ 24 = 0.2
	6	VI		2			2		32	32	34		2 ÷ 32 = 0.06

FIGURE 5 - COMPARISON OF STUDENT'S AVERAGE WORKLOAD PER SEMESTER OR TERM FOR ALL PROGRAMS

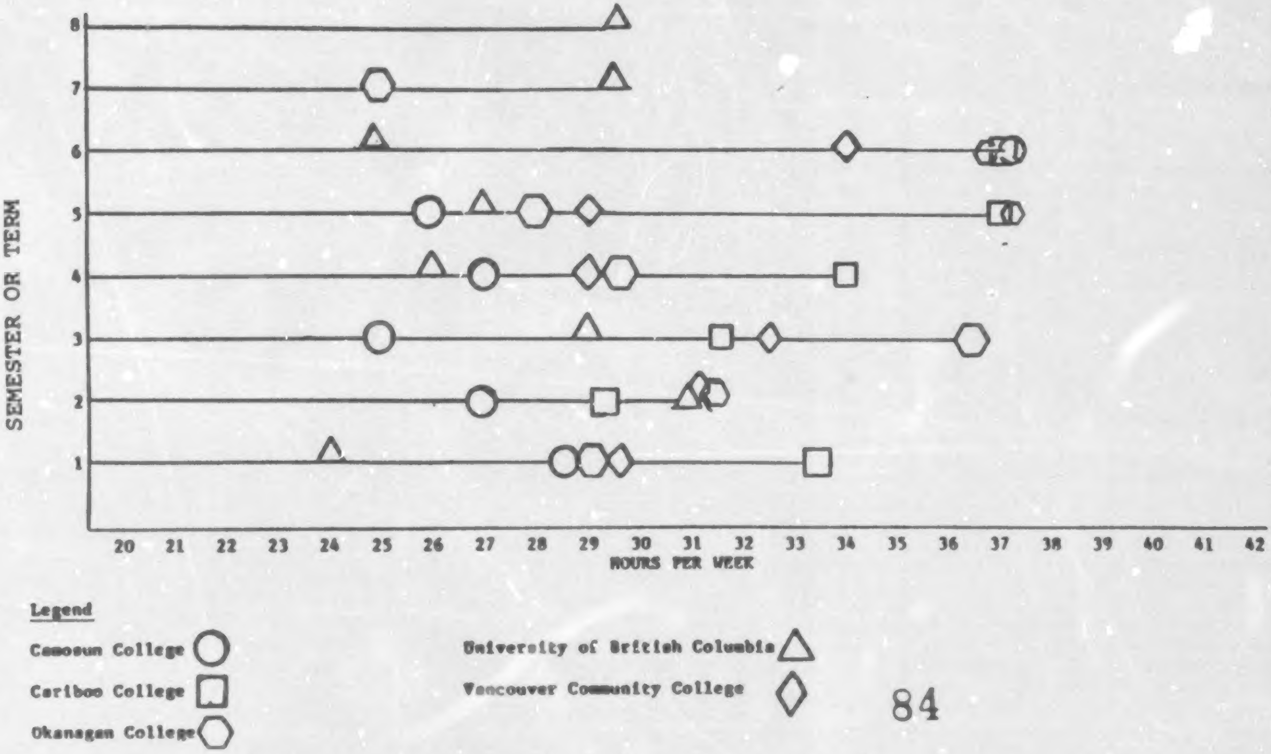


FIGURE 6 - COMPARISON OF THEORY TO PRACTICE FOR EACH SEMESTER OR TERM OF ALL PROGRAMS

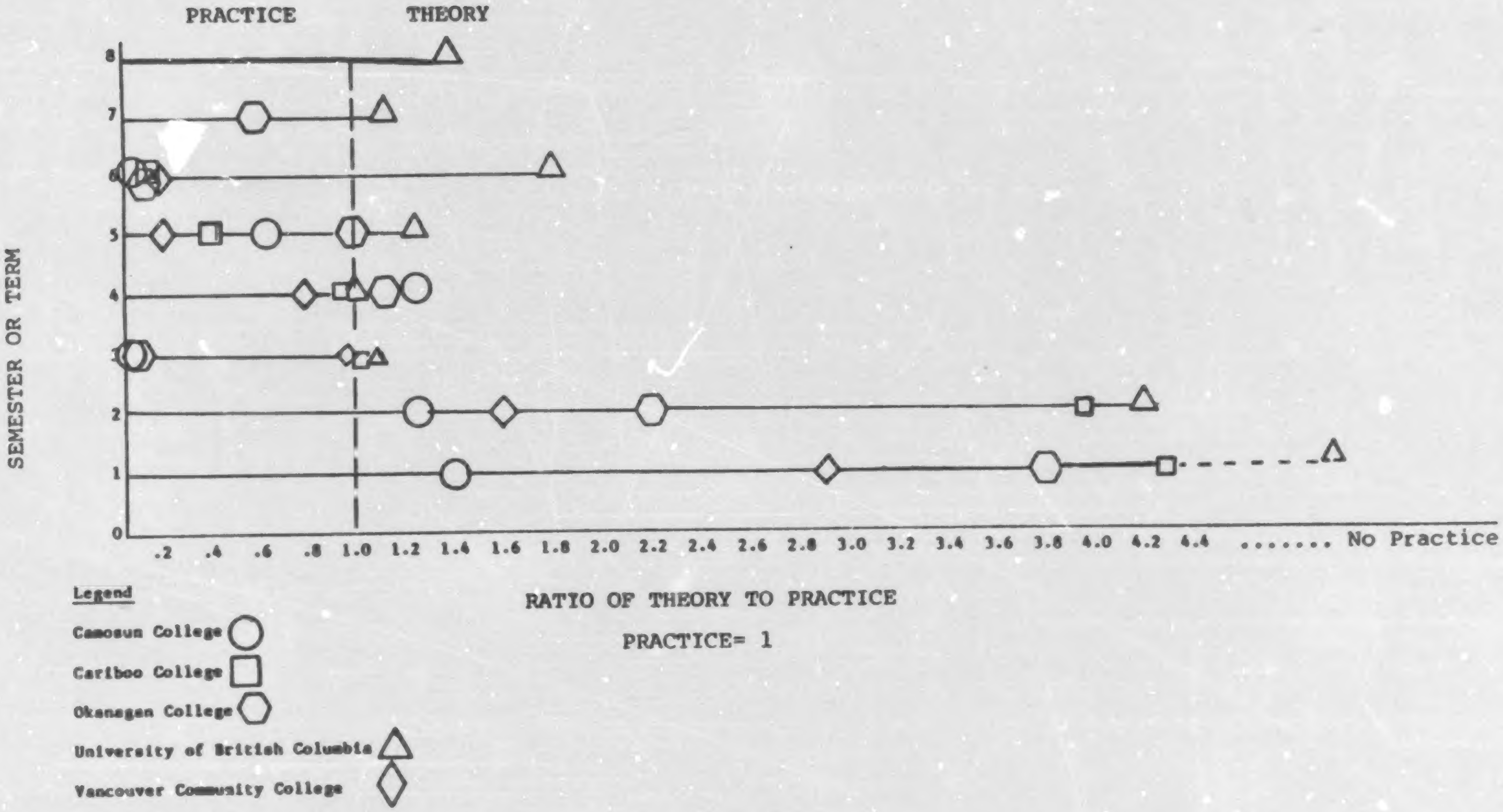


TABLE 21 - SUMMARY OF PROGRAMS LENGTH

			Type of Learning Experience			1 months = 4.3 wks		
Program	Semester/ Term	Calendar Year	Orientation Weeks	Instructional Weeks	Evaluation Weeks	Total Weeks	Total Months	Total Instructional Months
CAMOSUN	I		0	14	1	15		
	II	1	0	14	1	15		
	Spring I		0	6	-	6		
	III		0	14	1	15		
	IV	2	0	14	1	15		
	Preceptorship		0	11	-	11		
	Total		0	73	4	79	18mos	17 mos
CARIBOO	I		0	14	1.5	15.5		
	IIa	1	0	14	1.5	15.5		
	IIb		0	14	1.5	15.5		
	IIIa	2	0	14	1.5	15.5		
	IIIb		0	14	1.5	15.5		
	IV	3	0	14	1.5	15.5		
	Total		0	84	9	93	21mos 3wks	19mos 2wks
OKANAGAN	I		0	13	2	15		
	II	1	0	15	2	17		
	Work I		0	4	0	4		
	III		0	13	2	15		
	IV	2	0	15	2	17		
	Work II		0	12	0	12		
	V	3	0	13	2	15		
	Total		0	85	10	95	22 mos	19mos
U.B.C.	Fall	1	1	12	1.5	14.5		
	Spring		0	13	1.5	14.5		
	Fall	2	0	13	1.5	14.5		
	Spring		0	13	1.5	14.5		
	Fall	3	0	13	1.5	14.5		
	Spring		0	13	1.5	14.5		
	Fall	4	0	13	1.5	14.5		
	Spring		0	13	1.5	14.5		
	Total		1	103	12	116	27 mos	24 mos
V.C.C. - Average 13.3 wks as Fall Sem = 13wks Spring " = 13.3wks Summer " = 13.5wks	I		1	13.3	1	15.3		
	II	1	1	13.3	1	15.3		
	III		1	13.3	1	15.3		
	IV		1	13.3	1	15.3		
	V	2	1	13.3	1	15.3		
	VI		1	13.3	1	15.3		
	Total		6	80	6	92	21mos 1 wk	18mos 3wks

Orientation Weeks - Time period prior to commencement of instructional weeks when unplanned (not in the curriculum) learning may occur and/or orientation to planned learning occurs.

Instructional Weeks - A time period when planned (outlined in the curriculum) learning is to occur.

Evaluation Week - A time period when planned (outlined in the curriculum) formal evaluation of planned learning occurs and when no planned learning is occurring.

FIGURE 7 - SUMMARY OF PROGRAM LENGTHS

A. In instructional months and weeks
B. In instructional, orientation (if applicable) and evaluation months & weeks
C. From admission date to date of graduation according to type of learning experience

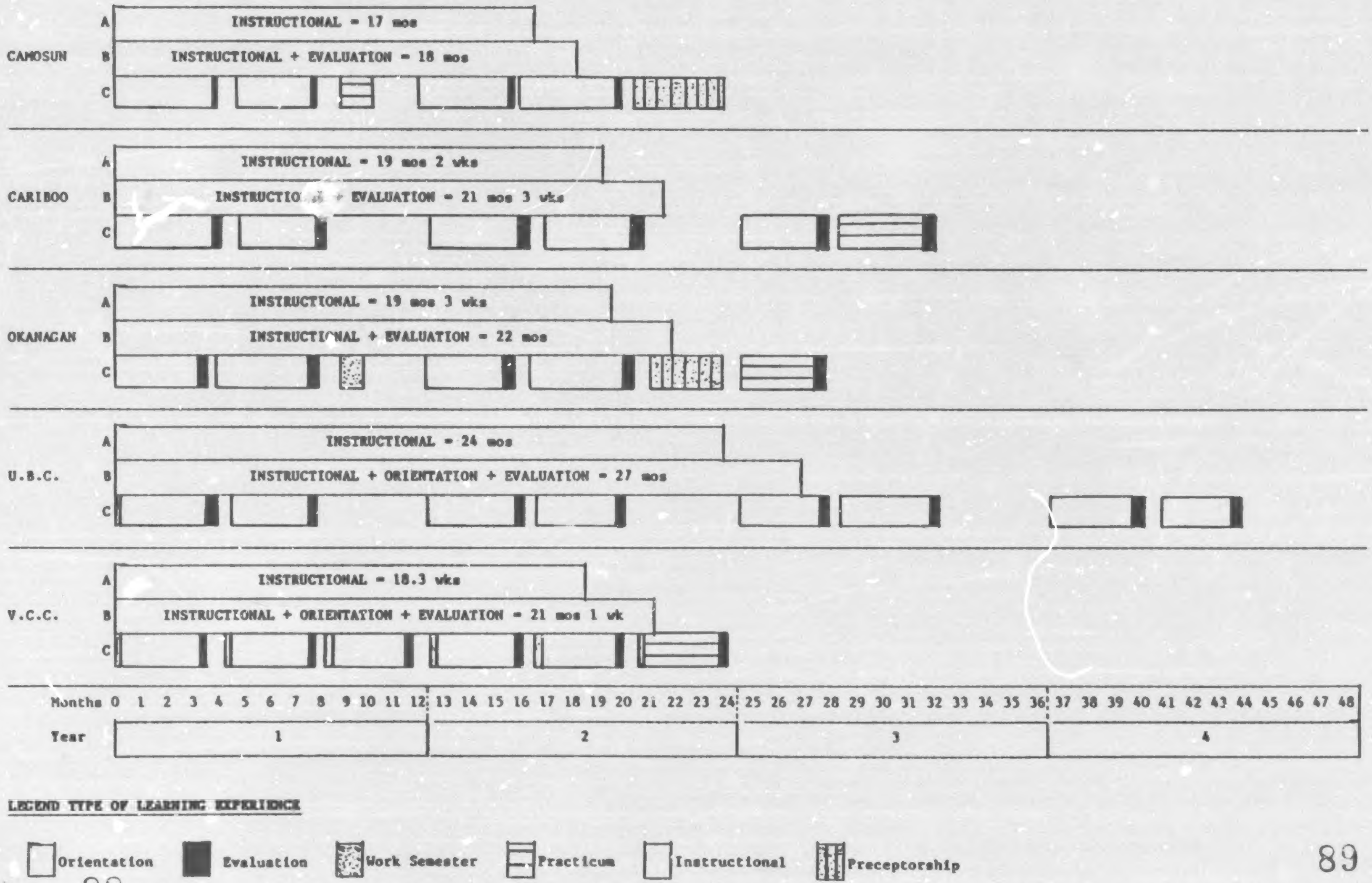
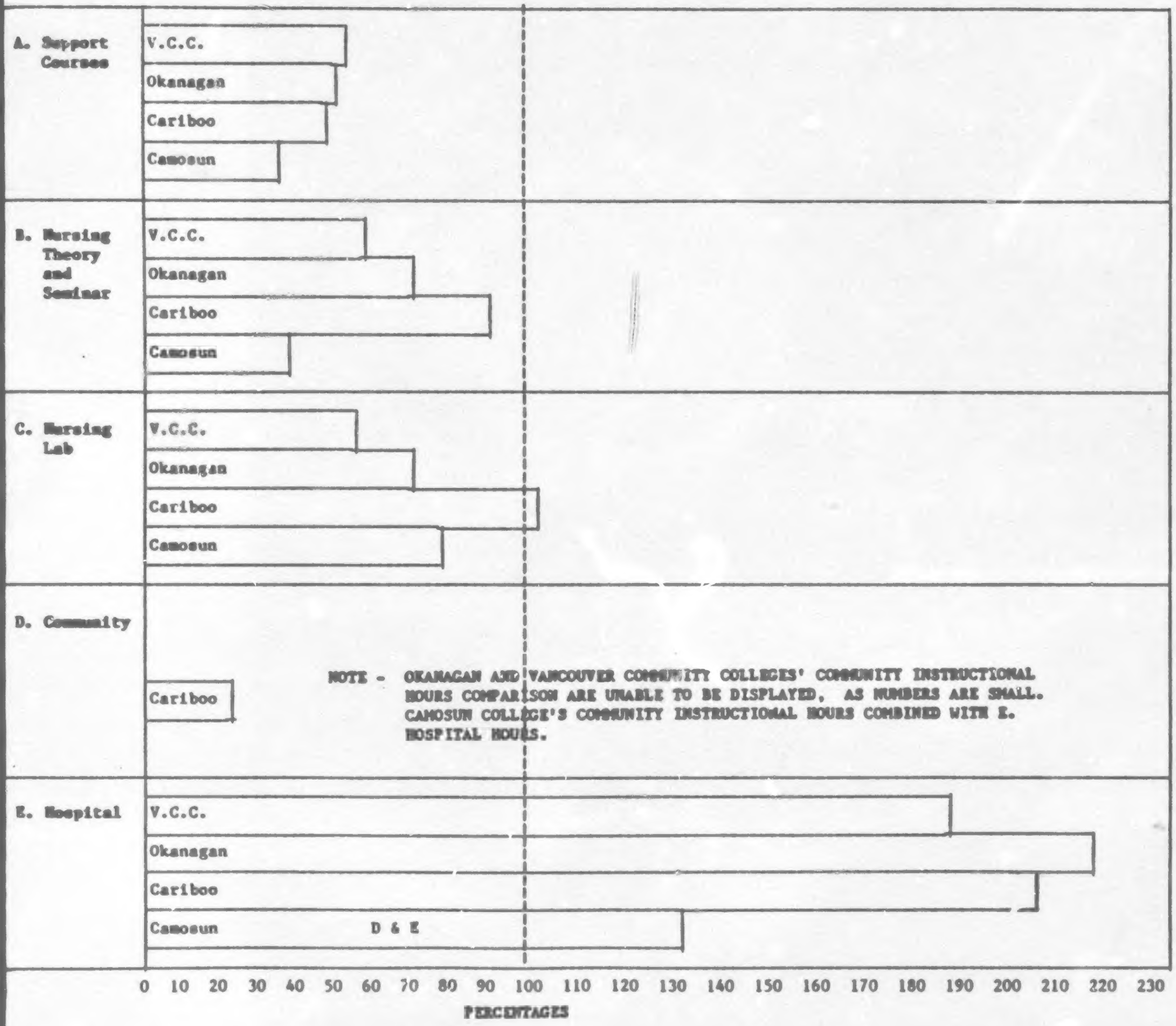


TABLE 22

COMPARISON OF DISTRIBUTION OF INSTRUCTIONAL HOURS OF EACH COLLEGE PROGRAM TO U.B.C. AS THE CRITERION MODEL
(U.B.C. = 100%)

Type of Learning Experience	Camosun	Cariboo	Okanagan	V.C.C.
A. Support Courses	31%	46%	47%	48%
B. Nursing Theory and Seminar	38%	88%	72%	61%
C. Nursing Labs	77%	106%	71%	55%
D. Community	132%	28%	0.05%	1%
E. Hospital		208%	216%	186%

FIGURE 8 - COMPARISON OF DISTRIBUTION OF INSTRUCTIONAL HOURS OF EACH COLLEGE PROGRAM TO U.B.C.
(U.B.C. = 100%)



NOTE - OKANAGAN AND VANCOUVER COMMUNITY COLLEGES' COMMUNITY INSTRUCTIONAL HOURS COMPARISON ARE UNABLE TO BE DISPLAYED, AS NUMBERS ARE SMALL. CAMOSUN COLLEGE'S COMMUNITY INSTRUCTIONAL HOURS COMBINED WITH E. HOSPITAL HOURS.

Chapter VII

LEARNING RESOURCES AND TEACHING/LEARNING APPROACHES

The investigator assumed that an integral component of curriculum studies includes the means employed to facilitate learning. Two broad means were identified within the context of this study. These are:

1. The learning resources available
2. The processes used by faculty or teaching/ learning approaches

Within the terms of reference of the study, the task of describing and comparing textbooks and other teachings aids was to be accomplished. Therefore, for the purpose of this study, textbooks were considered learning resources while teaching aids were considered teaching/ learning approaches.

Even though the learning resources and teaching/ learning approaches were considered to be important components of any program, the investigator limited the study to:

1. Listing the required textbooks for each program according to broad categories of subject matter. Findings are summarized in Table 23, on pages 73 to 78.
2. Describing the major teaching/ learning approaches used by each program according to:
   a. The methods used for presenting the subject matter in the three domains of learning.
   b. The methods used in the practice setting.

   A summary of teaching/ learning approaches is given in Table 23, on page 73.

The rationale for this decision was that it was considered beyond the scope of the study to describe the selection process involved in the selection of required textbooks and approaches to teaching used by faculty.

A review of the summary of learning materials indicates that a wide range of textbooks is used to facilitate student learning. There was also evidence that many different types of printed materials have been developed by faculty to supplement these textbooks. Given the diversity of printed materials and textbooks, no comparative analysis was attempted.

Teaching/learning approaches varied as well. Each program differs in the degree of independent or self-directed learning it uses. Camosun College's primary teaching/learning approach is that of self-directed learning which may account for the lower number of scheduled learning experiences in the classroom setting. U.B.C. uses independent study for part of their program. V.C.C utilizes learning packets as one component of independent learning. Okanagan and Cariboo colleges require independent learning.

The investigator was unable to quantify the degree to which any particular approach was used in the theoretical component of the programs, since it would vary with the composition of faculty who are delivering the subject matter. It was possible, however, to quantify on a global basis the teaching/learning approaches used in the practice setting. Using the type of supervision the instructor provided during the experience, findings were as follow:

1. Camosun College faculty supervise the student directly for 60% of the total practical experience. In this context, practical experience consists of either a practicum, preceptorship or unsupervised community experience.

2. Cariboo College faculty supervise the student directly for 65% of the practical experience, the remainder being either a practicum or unsupervised community experience.

3. Okanagan College faculty supervise the student directly for 55% of the practical experience. Additional experience may refer to either a work experience or preceptorship.

4. U.B.C. faculty supervise the student directly for all experience within the hospital setting, while the degree of direct supervision may vary within the context of the community setting. The hospital experience amounts to approximately two-thirds of the total practical experience.

5. Vancouver Community College faculty supervise the student directly for 65% of the practical experience, the remainder being a practicum experience.

Table 23
SUMMARY OF LEARNING RESOURCES AND TEACHING/LEARNING APPROACHES FOR ALL PROGRAMS

Type of Learning Resource	Camosun		Cariboo		Okanagan		U.B.C.		V.C.C.	
1. Nursing Required Textbooks	Author	Title	Author	Title	Author	Title	Author	Title	Author	Title
a. Dictionary			Miller + Keane	Encyclopedia and Dictionary of Medicine + Nursing	Miller + Keane	Encyclopedia and Dictionary of Medicine + Nursing	Taber's	Cyclopedic Medical Dictionary	Miller + Keane	Encyclopedia and Dictionary of Medicine + Nursing and Allied Health
b. Fundamentals of Nursing	Kozier + Erb	Fundamentals of Nursing Concepts and Procedures	Sorenson + Luckman	Basic Nursing	Wolff, Weitzer Furst	Fundamentals of Nursing	Du Gas Sorenson + Luckman	Introduction to Nursing (For First Class) Basic Nursing (For Second Class)	Kozier + Erb	Fundamentals of Nursing Concepts and Procedures
c. Nursing Assessment		Module	Murray + Zenter	Nursing Assessment and Health Promotion through the Life Span			Sherman + Fields	Guide to Patient Evaluating	Murray + Zenter	Nursing Assessment and Health Promotion Through the Lifespan
d. Nursing Process	Atkinson + Murray	Understanding the Nursing Process			Johnson, Davis Law Baugh	Problem Solving in Nursing Practice			Atkinson, + Murray	Understanding the Nursing Process
e. Medical Surgical	Phipps, Long Woods	Medical-Surgical Nursing	Luckman + Sorenson	Medical-Surgical Nursing - A Psychophysiologic Approach	Brunner/ Suddarth	Textbook of Medical Surgical Nursing	Luckman + Sorenson Brunner/ Suddarth	Medical-Surgical Nursing (First Class) Textbook of Medical Surgical Nursing	Luckman + Sorenson	Medical-Surgical Nursing-A Psychophysiologic Approach
f. Pharmacy	Loebl + Spratto Sanblein	The Nurses Drug Handbook Programmed Mathematics for Nurses		References in Library	Loebl + Sprato Richardson & Richardson	The Nurses' Drug Handbook The Math of Drugs and Solutions with Clinical Applications	Loebl + Spratto Keanet Pretcher	The Nurses' Drug Handbook Drugs and Solutions: a Programmed Introduction	Nurse's Reference Library Hohn, Borkin Osteruch Pharm. 215	Drugs: Pharmalogy, Administration, Toxicity, Nursing Implications Pharmalogy in Nursing Learning Packet
g. Psychomotor Skills		Modules			Wood + Rambo	Nursing Skills Vol. I + II				Lab Manual for each Semester
h. Obstetrics	Ministry of Health	Baby's Best Chance Modules	Zeigal + Cranley	Obstetrics Nursing	Reeder et. al.	Maternity Nursing			Olds, London Ladewig Davidson	Obstetrics Nursing

Type of Learning Resource	Camosun		Cariboo		Okanagan		U.B.C.		V.C.C.	
Required Nursing	Author	Title	Author	Title	Author	Title	Author	Title	Author	Title
i. Pediatrics		Articles taken from Whaley & Wong. Tackett & Hunsberger	Whaley + Wong	Essentials of Pediatric Nursing	Pillitteri	Child Health Nursing			Whaley + Wong Hymonich	Nursing Care of Infants & Children Nursing of Children a Family-Centered Guide for Study
j. Psychiatry			Burgess	Psychiatric Nursing in the Hospital and Community	Wilson + Kneisel Peterson	Psychiatric Nursing Understanding Defense Mechanisms	Wilson & Kneisel	Psychiatric Nursing	Stuart + Sundeen	Principles and Practice of Psychiatric Nursing
k. Inter-personal Relation-ships/ Communica-tion	*Alder & Towne *Bramer *Gazda	Looking out - Looking In The Helping Relationship Process and skills Human Relations in Health Profession	Gazda	Human Relations Development	Adler & Towne	Looking Out-Looking In	Gazda Sunder & Stuart	Human Relations Development Client Interaction		
l. Human Development		Modules	Murray + Zenter	Nursing Assessment Throughout the Lifespan	Godinsky	Lifespan Human Development	Mussen & Conger Turner & Helms	Child Development & Personality Contemporary Adulthood	Murray & Zenter	Nursing Assessment Throughout the Lifespan
m. Nutrition		Modules					Robinson	Normal & Therapeutic Nutrition		
n. Fluid & Electrolytes		Modules			Weldy	Body Fluids and Electrolytes			Weldy	Body Fluids and Electrolytes
o. Leadership		Modules							Kron	The Management of Patient Care - Putting Leadership Skills to Work
p. Professional Behaviours		Modules	Allenbuck Lalonde	Who Speaks for the Patient A New Perspective on Health of Canadians	Veterans Administ-ration	Nursing Action Guide				Learning Packet

*Support Course

Type of Learning Resource	Camosun		Cariboo		Okanagan		U.B.C.		V.C.C.	
Required Nursing	Author	Title	Author	Title	Author	Title	Author	Title	Author	Title
q. Reference Texts							Skydell + Crowder Tilkian	Diagnostic Procedures Clinical Implications of Laboratory Tests		
r. Nursing Misc.		Modules as Camosun uses self-directed Learning all Nursing theory is in modular form								V.C.C. has Instructional Packets for each Semester as well as Lab Manuals

*Support Course

Type of Learning Resources	Camosun		Cariboo		Okanagan		U.S.C.		V.C.C.	
	Author	Title	Author	Title	Author	Title	Author	Title	Author	Title
2. Required Textbooks Support Courses	*Eng. 150 Compare	- Composition From Experience to Expression: a College	*Eng 159 Hoole	(Communication Skills) The Fundamentals of Clear Writing	Not	listed	Not	Listed Varies		*English 127 or 128 *English Electric Not Listed
a. English 100 or Equivalent	*Eng. 100 Bain, Beatty & Hunter Lawrence	Rhetoric - Composition & Literature The Norton Introduction to Literature The Stone Angel	Baker Fannen Lukens Mon Cariboo	The Essayist Woman: a Affirmation College Essay Sheet						
b. Anatomy and Physiology	*Biology 156 + 157 Tortosa Anago-Statos	Principles of Anatomy and Physiology	*Biology 159/169 1? Tortosa Anagno-Statos 2. Gibson	Principles of Anatomy and Physiology Guide and Review Manual of Basic Human Anatomy and Physiology	*Biology 113.3 and 123.3 Not listed		*Zoology 153 *Home Economics Not listed		*Biology 121 + 221 Tortosa Anogno Statos	1. Principles of Anatomy and Physiology 2. Principles of Anatomy and Physiology in the Laboratory
c. Pathology	Muir Phipps	Biology 256 Med-Surgical Nursing	Integrated into Nursing Courses		*Biology 216, 226		*Pathology 375 Not listed varies		*Biology 441 The Merck Manual Biology 321	
d. Micro	*Biology 156, 157 + 256 Book not listed 156 + 157		*Micro 160 Burton Required Reading "Epidemiology of Pseudomans Aerugenosa in Burns Hospital"	Microbiology for the Health Sciences	Biology 217 Not listed		*Micro 153 Not listed varies		Turk + Porter	*A Short Textbook of Medical Microbiology
e. Psychology	*Psychology 154 + 254 Alder & Towne	Looking out/ Looking In - Same as communication textbook	*Psychology 111/121 Helgerd	Introduction to Psychology	*Psychology 111/121		*Psychology 100 Not listed varies		*Psychology 115 Lendzy Hall Thompson	Psychology

Type of Learning Resource	Camosun		Cariboo		Okanagan		U.B.C.		V.C.C.	
Required Nursing	Author	Title	Author	Title	Author	Title	Author	Title	Author	Title
f. Sociology			*Sociology 111/121 Horton & Hunt	Sociology	*Social Science Elective		*Sociology or Anthropology Elective Not listed varies			
g. Physical Fitness			Nursing 132 Astrand RNABC	Health & Fitness an Introductory Self-Learning Program in Health Promotion for Registered Nurses			*Physical Ed. 203 Laboratory only			
h. Mathematics	Pharmalogy Math Integrated in Nursing		Pharmalogy Math Integrated into Nursing		Pharmalogy Math Integrated into nursing		*Math 203 Not taught listed		Pharmalogy Math Integrated into nursing	
i. Epidemology	Not taught		Not taught		Not taught		*Epid. 426 Not listed varies			

*Support Courses

Type of Learning Resources	Camosun	Cariboo	Okanagan	U.B.C.	V.C.C.
3. Teaching major Learning approaches (Methodolgoy, delivery, strategies, devices + technique) a. Method(s) of providing Educational Content (Cognitive & affective Domain) b. Method(s) for Psycho motor domain c. Method(s) Practice d. Out-of-class Workload	a. Self Directed Learning is the primary approach used by the nursing faculty for providing "theory" content: Examples: - Autotutorial - modules - learning packets - etc. b. Students demonstrate the psychomotor skills they have learned from self-directed learning, prior to performing them in the "practice" setting" c. The teaching/learning approach in the "practice" setting involves direct* instructor supervision of approximately 60% of practical experience. A work experience or preceptorship is the remaining majority of 40% of the practice experience. d. Out-of-class workload under review	a. In class presentations and demonstration using a variety of techniques is the general method used in this program: Examples: - lecture - discussion etc. b. Demonstration by instructor and return demonstration by student c. The teaching/learning approach in the practice setting is completely directly instructor supervised except for the community experience. d. Out-of-class workload has not been determined	a. Similar to Cariboo b. Similar to Cariboo c. The teaching/learning Approach in the "practice" setting is approximately 75% direct* instructor supervision and the remainder is either a work experience or preceptorship d. Out-of-class workload has not been determined	a. Similar to Cariboo & Okanagan, in addition a Learning Resource Center is exclusively available to nursing students for independent learning b. Similar to Cariboo and Okanagan. However, student may have more independent learning prior to demonstration as a result of the Learning Resource Center c. The teaching/learning approach in the "practice" setting is direct instructor supervised for the hospital experience. The community experience* of approximately one-third is however, less directly supervised by an instructor (i.e. - instructor does not attend with the student all the "field" visits d. Out-of-class workload has not been determined	a. Similar to Cariboo & Okanagan, however, students are purchase Learning packets which assists them in preparing for in-class presentations b. Similar to Cariboo and Okanagan c. The teaching learning approach in the practice setting is directly instructed or supervised for semesters I to V. In semester VI,* instructors are available on-call in the hospital but the students are supervised more directly by the nursing staff, this is a practicum d. Out-of-class workload has not been determined
	*Indirect a. Preceptorship 412.5 + Community c. Direct - approximately 790 hrs	*a. Community - 88 hours b. Hospital - 1,369.5	*Indirect a. Community unsupervised - 17 hours b. Work experience preceptorship - 570-610 *Direct - 808 hrs	*a. Hospital - 669 hours b. Community - 311 hours	*a. Semester I - V = 910 hours b. Semester VI - 416-488 hrs

Chapter VIII

DISCUSSION

Many months of data collection and careful analysis have been carried out to fulfill the terms of the study. Through the analysis it was evident that differences exist not only between the generic university baccalaureate nursing program and the four colleges but also among the four college programs studied. Determining the significance of these differences was not within the scope of this study, however this chapter which highlights the salient findings will attempt to discuss these differences without suggesting their importance.

The findings will be discussed with the same sequence as the previous chapters of the report. A concluding discussion will attempt to demonstrate how each program is unique.

Philosophies of the Educational Institutions

Chapter II of this report summarized the documented philosophies of each of the five parent educational institutions. It was clear from the Mission and Goals statements that U.B.C.'s role within B.C.'s post-secondary educational system is different from those of the colleges. U.B.C. has a provincial geographic mandate whereas colleges are within regions. Educationally, U.B.C. has a broader purpose of creating and delivering a knowledge base while colleges deliver knowledge solely.

An analysis of the more covert philosophies of these institutions was not performed because of limitations of time and resources. However, from the current Mission and Goals statements, it was clear that some institutions placed more emphasis on the general or liberal education component of the educational process; these programs are U.B.C. and Okanagan College. It was not clear from the evidence how each educational institution viewed self-directed learning, with the exception of Camosun College which is committed to meeting the needs of the individual rather than the individual and larger groups.

It would be of interest to analyse in greater depth the revised Mission and Goals statements to determine what the relationship is between the belief statements of the nursing programs, as presented in Chapter III, and those of their parent educational institutions. It was not possible for the investigator to perform this task as the philosophies of the educational institutions were either not available or were no longer current.

Philosophies of the Nursing Programs

The philosophies of each of the five programs were analysed using the following descriptors:

1) Conceptual Model of nursing
2) Belief statements on nursing education, the learner, the learning process and faculty
3) Purpose of the program, and
4) Context of Practice for the graduate.

Each of the programs uses a different conceptual model of nursing which appears to vary according to the description of health.

U.B.C.'s definition of nursing education recognizes three different learning programs which prepare nurses to function; they are B.S.N., M.S.N. and Doctorate. Camosun, Cariboo and Okanagan Colleges believe diploma nursing is the initiation to professional nursing while V.C.C. refers to diploma nursing education as a base program for the practice of nursing. There appears to be different beliefs about professional nursing education programs, but further evidence to support this finding was not found in the philosophy statements.

Only U.B.C. and V.C.C. have a statement in reference to general education within nursing education, however, it was not assumed that this component of a nursing education program was excluded from other programs as evidenced by the inclusion of general education courses in the other three curricula.

All programs appeared to view the learner, the learning process and faculty in basically the same way. The learner was considered unique, self-directed, involved with the learning process and responsible for their own learning while faculty are responsible for facilitating learning.

Finally, the Purpose and Context of Practice statements indicate U.B.C.'s program prepares graduates to work independently in the acute care, long-term care and community settings serving a client group that includes individuals and families. In contrast, the college diploma nursing programs prepare graduates to work primarily in the acute care settings (hospital) and to provide care to individuals or groups of individuals under the supervision of an experienced R.N. when they first begin practice. It was not within the limits of this study to determine the extent to which each of these programs fulfill their purposes. Each program has been approved by the professional approvals body, the R.N.A.B.C., which reviews programs to ensure that sufficient learning experiences are provided to the student to achieve the stated purpose.

Admission Criteria

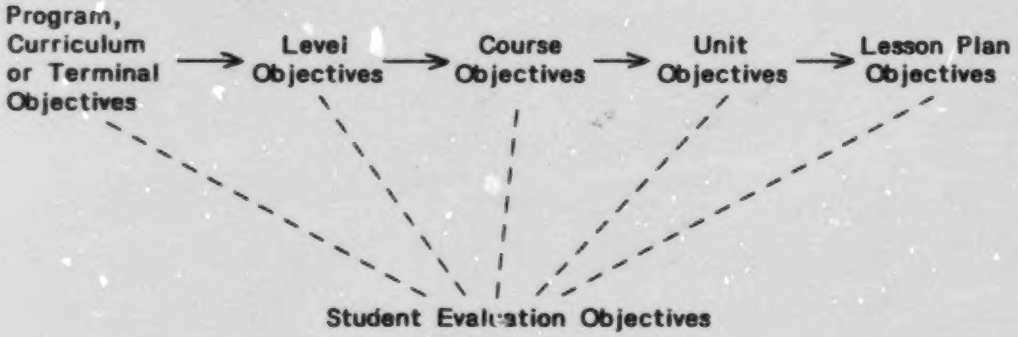
The analysis of the admission criteria reveals that there is not one required criterion that is common to all nursing programs other than a minimum C average for Grade XII graduates who are not considered mature applicants.

Biology 11 and Chemistry 11 appear to be commonly preferred among all programs. Lastly, each of the five programs have a mature student category which assesses applicants individually.

The differences in the admission requirements are numerous. These requirements appear in Table 16 on page 38. The actual demographic characteristics of students enrolled in the programs, and the method by which admission criteria were developed, were not pursued in this study.

Behavioral Objectives

The investigator perceived that there exists the following cogent link in the hierarchy of behavioral objectives in a nursing education program:


Program, Curriculum or Terminal Objectives
Level Objectives
Course Objectives
Unit Objectives
Lesson Plan Objectives
Student Evaluation Objectives

Therefore, it was assumed that analysis of all types of behavioral objectives in a program would describe the depth and scope of educational content of a program and the level of learning that a student was expected to achieve in relation to that content.

The analysis was to occur in the following manner: For each specific category of behavior (i.e., competency and/or skill) it was proposed to:

1. Determine which of the program, curriculum or terminal objective related to the specific category of behavior. Subsequently, the level, course, unit, lesson plan and student evaluation objectives related to the program objective would be identified.

2. Analyse each objective by:
   a. determining the domain(s) of learning of the objective
   b. the level of expectation required through identifying the level of taxonomy of the action verb and the description

of the situations or conditions under which the student was to perform the behavior.

Due to limitations of time and resources, it was decided to select a set of behaviors which could be analysed in some detail rather than covering all the behaviors of the program. The purpose of this component of the study was to describe the educational content and evaluation of student learning.

As described in Chapter V of this report, it was not possible to accomplish this task as a cogent link could not be determined for U.B.C.'s curriculum, level, course and evaluation of students' objectives by using the same Behavioral Objective Model for all programs. In addition, the relationship of U.B.C.'s curriculum objectives to the set of selected behaviors indicated that the majority of curriculum objectives contributed to each of the set of selected behaviors. As U.B.C. was the criterion model for this study, a comparative micro-analysis between the four College programs and the University program was not possible within a realistic time frame.

Subsequently, the program, curriculum, or terminal and level objectives of each program were analysed using a descriptive tool developed for the study which demonstrated how each program:

1. levels the curriculum objectives in their program
2. indicates the level at which the curriculum objective may be introduced and may be expected to be reached in each program.

In addition, a comparison of the proficiency levels expected of students for selected psychomotor or manual skills was performed. Lastly, an attempt to analyse the evaluation of student learning was performed. The following is the discussion of the findings for both the educational and student evaluation.

Educational Content

Even though each of the five programs has a distinctive style of stating the curriculum and level objectives, it was evident that all programs have common content related to the following categories of behaviors: the nursing process, teaching and learning, organizational skills, socialization into the nursing profession, written and verbal communication skills, leadership skills and interpersonal relationship skills.

Psychomotor or manual skills was another common content for the five programs. All programs except U.B.C. have a specific curriculum objective in relation to psychomotor skills. However, each of the five programs does have a list of psychomotor skills that are taught in the programs. A sample of selected categories of these skills is included in Table 24 on page 233. This table also includes the semester, term, or year in which the skill was taught and the expected level of proficiency upon completion of the program.

With reference to Figure 1 on page 3, certain differences in the scope of educational content were evident from the analysis of the objectives and psychomotor-proficiency lists. They are:

1. Camosun, Cariboo and U.B.C. include a curriculum objective which encompasses the synthesis of knowledge from the general education courses while Okanagan and V.C.C. do not. However, it was not assumed that there was an absence of general educational content in these two programs, as general education courses are included in each.

2. Camosun College appears to expect the student to learn to establish, maintain and terminate an interpersonal relationship with client or patient. U.B.C. expects the establishment and maintenance of an effective relationship with both clients and colleagues while Cariboo College expects the establishment and maintenance of a helpful relationship. It was not apparent what the scope of this particular category of educational content is for the other two colleges.

3. Both U.B.C. and Camosun College expect their graduates to teach clients, families and colleagues while the other colleges appear to expect graduates to teach only clients. In addition, U.B.C.'s performance rating scale for psychomotor skills includes, as its highest level, the teaching of skills to colleagues while the colleges do not include this within their rating scales. Therefore, it was not possible to determine the extent to which the colleges expected their graduates to teach colleagues. Subsequently, the scope of educational content included under teaching and learning could not be determined.

4. U.B.C. identified the following curriculum objectives which indicated educational content that was not present in the college programs:
   a. The application of the principles of public health
   b. The exploration of alternate modes of health care
   c. The performance of nursing's unique function, independently or interdependently
   d. The use of a nursing family model
   e. The use of research findings in nursing care
   f. The application of management principles
   g. The evaluation of the role of the nurse in relation to trends in health care
   h. The development and promotion of the profession of nursing.

5. It was evident that the majority of psychomotor skills that are suggested by the R.N.A.B.C. for inclusion in programs preparatory to nurse registration in B.C. are taught in all programs. The following is a list where differences arise:

	Skill	Program taught by
a.	Total Parental Nutrition	Cariboo College and U.B.C.
b.	Blood Administration	U.B.C. and V.C.C.
c.	Administer meds through I.V. (tubing and Heparin lock)	Cariboo and V.C.C.
d.	Start I.V.	Cariboo and Okanagan
e.	Chest tube and drainage	U.B.C. and V.C.C.

It was not determined why these differences arise.

Even though the broad scope of educational content was described through the analysis of curriculum and level objectives and the list of psychomotor skills, it should be possible to describe the depth of educational content by analysis of the course, unit and lesson plan objectives. In addition, content may be included in programs which was not evident from these broad objectives. Unfortunately, due to limitations of time and resources, this component of the study was not accomplished.

Evaluation of Learning

Various tools may be used for guiding student evaluation within nursing education programs. Some of these tools may be exams and their blueprints, student clinical evaluation forms and proficiency lists for psychomotor skills.

As the R.N.A.B.C. approval criteria for programs preparatory to nurse registration require that evaluation of student achievement be based on objectives, it was anticipated that these tools would have been developed using behavioral objectives. Subsequently, the descriptive tool, developed to analyse objectives, could be used to analyse these student evaluation objectives.

It was found that each program used behavioral objectives to guide clinical practice evaluation of students. The four colleges used the stated level objectives as the basis for clinical evaluation while U.B.C. used various types of objectives to evaluate students in clinical practice.

Evaluation in the classroom setting was only described by reviewing exams and their blueprints. However, as each program had various ways of constructing exams and their blueprints, the attempt to compare evaluation in the classroom was abandoned.

As proficiency levels of competencies and/or skills may also be used for measuring student achievement, it was decided to compare these levels for a set of selected psychomotor skills. The findings are:

1. Camosun, Cariboo and Okanagan Colleges use the rating scale presented by the R.N.A.B.C. in their Essential Manual Skill Document. This rating scale is based on the degree of assistance

or supervision required to perform a skill. Number 1 is the lowest ranking which requires constant supervision while 3 is working independently. U.B.C.'s rating scale is similar but includes an additional category, 4, which is teaching others to perform the skill, while V.C.C. uses Dave's taxonomy of psychomotor skills, numbers 1 to 5, 5 being the highest.

2. The findings suggest a pattern of similarity of ranking of proficiency levels even though the rating scales may be different. For example, usually if a skill has the highest ranking in one program all programs rank this skill as the highest in their scale (Camosun, Cariboo and Okanagan, 3; U.B.C., 4; and V.C.C., 5).

Learning Experiences

Chapter VI of this report dealt with the quantitative aspects of the scheduled learning experiences for each program. Only these were included in the analysis. The findings are:

1. U.B.C. has the longest program duration which is implemented over the longest time frame. However, when examined in combination with the student workload, Cariboo College has nearly the same number of scheduled instructional hours within a time frame of one academic year less than U.B.C.

2. U.B.C.'s B.S.N. has proportionally almost twice the amount of theory component than it does have practice component. Proportionally, colleges have a closer balance between theory and practice. In addition, colleges have the majority of the theory at the beginning of the program while U.B.C. does not demonstrate this tendency.

3. The number of evaluation weeks when scheduled learning experiences are not occuring appears to contribute to the duration of the program. U.B.C. has 12 weeks of evaluation while, of the colleges, Camosun has four weeks, Cariboo has nine weeks, Okanagan has 10 weeks and V.C.C. has six weeks.

4. All programs include a general, liberal or support education component to the program. U.B.C. has the highest proportion of general education courses within its program, at 36 percent. The college programs have approximately 19 percent of general education courses, with V.C.C. having the highest percentage and Camosun the lowest. These college general education courses may or may not be university transfer. The summary of the transferability of these courses is summarized in Table 17 on page 53.

5. All programs include nursing theory components, however, the composition of these learning experiences may vary from program to program. Micro-analysis of each course was not performed as explained under Educational Content in the previous chapter.

6. All programs include a psychomotor lab component. Cariboo College schedules 241 hours for psychomotor skills, while the other programs schedule psychomotor lab experience hours as follows: U.B.C. has 218, and Camosun, Okanagan and V.C.C. have between 150-160 hours.

7. The practical experience of U.B.C. is approximately 300 hours less than any of the college programs and approximately one-third of this experience is in the community setting. Even though the practical learning experience for students at Okanagan College is the second highest, 160 hours of the total 1418 hours is the Work Semester I experience. This experience is required for promotion in the program but is not instructor supervised. This is quite different from the work experience at Camosun College. Finally, all college programs have approximately 1285 to 1460 hours of practical experience, primarily in the hospital.

8. Each of the colleges has a practical learning experience towards the end of the program which is considered a period of consolidation of previous learning and promotes the students' leadership ability.

As previously mentioned, it was not determined to what degree each program incorporated self-directed learning into the planned learning experiences. Therefore, no attempt was made to determine the number of scheduled classroom or clinical hours that may be allocated to specific content areas.

Learning Resources and Teaching/Learning Approaches

For the purposes of this study the learning resources analysed were the textbooks while the teaching/learning approaches were the teaching aides.

There is a certain school of thought which suggests that textbooks may reflect the philosophy of the program and/or support the curriculum. This was not determined in the study, as no consistent pattern could be identified in the selection of textbooks except for the following general statement that each of the programs used supplemental references and/or learning packets for nursing courses.

Self-directed learning is the primary approach for learning within the Camosun College program. U.B.C. and V.C.C. also appeared to use independent learning, however, the extent of this approach was not possible to determine. Both Okanagan and Cariboo Colleges tend to use more traditional methods for classroom teaching.

Within the clinical practice setting U.B.C. provides direct student supervision by a nursing instructor for all clinical practice experiences. The college programs provide direct instructor supervision for 55-65 percent of the experience which is the equivalent number of hours of U.B.C.'s clinical practice experience. The qualitative aspects of the experience were not determined, however, it may have been advantageous to include the student-instructor ratio and the availability of learning opportunities during the experience as descriptors for comparison.

Concluding Remarks

An enormous amount of data was collected and placed into smaller workable units for analysis and discussion. Each of these units may be approached independently, however, as each of the five programs has integrated curricula it would be unwise to limit the analysis and subsequent discussion to these smaller units. The following is an attempt to synthesize the findings into comprehensive statements.

The findings suggest the following salient patterns among the five programs:

1. While diploma nursing programs specifically prepare graduates to assume the role of staff nurses within the context of a hospital, baccalaureate graduates may act in the capacity of public health nurses at the community level or as nursing leaders within the context of the hospital. There is an apparent difference in the purpose of the baccalaureate and diploma nursing programs, the scope of educational content and the amount and emphasis of specific types of learning experience. For example, U.B.C. provides educational content on the community nursing aspects and proportionally more community nursing practice.

2. Even though the stated purpose of each of the four college programs are comparable, it is apparent that each program accomplishes the purpose in a unique manner. Each of the programs has comparable behaviors expected of graduates, however, the amount and type of learning experiences, sequence of content and organization of courses vary with each program.

Upon reviewing the purpose and terms of reference of the study, the stated findings confirm that the majority of the study's questions have been answered except for comparing the depth of educational content of the programs. Even though behavioral objective writing may be inexact, the investigator hopes the analysis of course, unit and lesson plan objectives will be accomplished in the future, in order to determine the depth of educational content.

Finally, several questions arose during the course of the study which, when answered, may contribute to further understanding of these programs:

1. What are the actual demographic characteristics of students enrolled in each of the programs? How have these characteristics influenced curriculum implementation?

2. To which extent and in what manner have the identified needs of the program's community influenced the program?

3. What is the specific micro-level content included in each program?

4. What is the actual overall (in-class and out-of-class) workload of students in each program?

5. What is the relationship between U.B.C.'s rating scale for Essential Manual Skills and those used by the colleges?

6. What is the actual level of expectation for student performance in the programs, as determined by the evaluation of learning?

7. What is the actual level of expectation for student performance upon graduation?

8. Finally, and primarily, what is the end result of this process? Or, what is the level of performance of graduates of all programs in the practice of nursing?

BIBLIOGRAPHY

1. Adam, E. *Nursing Education Conference*. Registered Nurses Association of British Columbia, May 29 and 30, 1980.

2. A.R.A. Consultants Ltd., *A Review of the Two-Year Diploma Nursing Program in Colleges of Applied Arts and Technology in Ontario*. The Ministry of Colleges of Applied Arts and Technology in Ontario, Province of Ontario, April 1978.

3. Attridge, C., Ezer, H., MacDonald, J.P. "Implementing Program Philosophy Through Curricular Decisions", *Nursing Papers*, *Perspectives in Nursing*. Spring 1981, Vol. 13, No. 1, pp. 59-69.

4. *Back to Basics*. Canadian Nurses Association, Ottawa, Ontario, 1980.

5. Benner, P. "Issues in Competency-Based Testing" *Nursing Outlook*. May 1982, p. 303-309.

6. Bloom, B.S. (ed.). *Taxonomy of Educational Objectives: The Classification of Educational Goals*, (Handbook 1: Cognitive Domain). David McKay, New York, 1956.

7. Bloom, B., Hastings, J. and Modaus, G. *Handbook on Formative and Summative Evaluation of Student Learning*. McGraw-Hill, New York, 1971.

8. Bruner, J.S. *The Process of Education*. Vintage Books, New York, 1963.

9. *A Blueprint for a Comprehensive Examination for Nurse Registration/Licensure*. Canadian Nurses Association, CNA Testing Service, Ottawa, Canada, May 1977.

10. Campbell, M.A. "The U.B.C. Model for Nursing: Direction for Curriculum Development", *Nursing Papers*. Summer 1976, Vol. 8, No. 2, pp. 10-24.

11. Campbell, M.A., Cruise, M.J. and Murakami, T.R. "A Model for Nursing: University of British Columbia School of Nursing", *Nursing Papers*. Summer 1976, Vol. 8, No. 2, pp. 5-9.

12. CNA. *A Definition of Nursing Practice Standards for Nursing Practice.* Canadian Nurses Association, Ottawa, Ontario, June 1980.

13. Clark, J. "Development of Models and Theories on the Concept of Nursing*", *Journal of Advanced Nursing*. 1982, 7, pp. 129-134.

14. Crow, R. "Frontiers of Nursing in the Twenty-first Century: Development of Models and Theories on the Concept of Nursing*". *Journal of Advanced Nursing*, 1982, 7, pp. 111-116.

15. Common, D.L. Curriculum Implementation. Canadian Association for Curriculum Studies, Saskatoon, 1979.

16. Dave, R.H. "Psychomotor Levels" in Developing and Writing Behavioral Objectives. Educational Innovations Press, Tucson, Arizona, 1970.

17. De Tornyay, R. Strategies for Teaching Nursing. John Wiley and Sons Inc., New York, 1971.

18. Dick, W. and Gary, L. The Systematic Design of Instruction. Scott, Toresmon & Co., Glenview, Illinois, ch. 3, 1978.

19. Downs, F.S. "Editorial The Scientific Gatekeepers" Nursing Research. Vol. 31, No. 3, p. 131, May/June 1982.

20. Eisner, E.W. and Valiance, E. Conflicting Conceptions of Curriculum. McCutcheon, Berkeley, 1974. Introduction "Five Conceptions of Curriculum: Their Roots and Implications for Curriculum Planning, pp. 1-9.

21. Fox, D. Fundamentals of Research in Nursing (4th ed.) Appleton-Century-Crofts, New York, 1982.

22. Fullan, M. and Pomfret, A. "Research on Curriculum and Instruction Implementation", Review of Educational Research. Vol. 47, No. 1, pp. 335-397, Winter 1977.

23. Furnell, M. and Thompson, R. "Evaluation of the Use of Independent Study Modules", Nursing Papers. Vol. 8, No. 2, pp 31-35, Summer 1976.

24. Geissler, E.M. "Matching Course Objectives to Course Content", Nursing Outlook. Vol. 22, No. 9, pp 579-582, September 1974.

25. Gronlund, N.E. Constructing Achievement Tests. Prentice-Hall, Inc., Englewood Cliffs, N.J., 1982.

26. Gronlund, N.E. Stating Behavioural Objectives for Classroom Instruction. MacMillan Co., New York, 1970.

27. Grosskopf, D. "Textbook Evaluation and Selection in the Curriculum", Nurse Educator. pp 32-35, November 1981.

28. Guilbert, J. Educational Handbook for Health Personnel. World Health Organization General, W.H.O. Offset Publication, No. 35. Chief, Office of Publications, 1211 Geneva 27 Scnitz, 1977.

29. Hannah, L.S. and Michaelis, J.V. A Comprehensive Framework for Instructional Objectives. Addison-Wesley, Reading, Mass., 1977.

30. Hill, M.S., Susan, R.G. and Scott, J.M. "Educational Research in Nursing - an Overview", Int. Nursing Rev. 27, 1, pp 10-17, 1980.

31. Hilton, A. "Relationships Between Classroom Theory and Clinical Practice", Nursing Papers, Perspectives in Nursing. Vol. 12, No. 3, pp 20-28, Fall 1980.

32. Hipps, O.S. "The Integrated Curriculum: The Emperor is Naked", American Journal of Nursing. pp 976-980, May 1981.

33. House, E.R. Evaluating with Validity. Sage Publications, Beverly Hills, 1980.

34. Imai, H.R. Can We Get There From Here? Report on Feasibility Study for the Provision of Internship/Residency or Other Programs to Increase Clinical Experience Prior to Nurse Registration. Prepared for: Registered Nurses Association of British Columbia, September, 1980.

35. Isaac, S. and Michael, W.B. Handbook in Research and Evaluation. 2nd Edits Publishers, San Diego, California, 1981.

36. Jagger, J. "Data Collection Instruments: Sidestepping the Pitfalls", Nurse Educator. pp 25-28, May-June 1982.

37. Johnson, D.E. "The Behavioral System Model for Nursing", Conceptual Models for Nursing Practice (2nd ed.) Riche, J.P. and R., Sister Callistra (eds), Appleton-Century-Crofts, New York, 1980.

38. Johnson, M. jr. "Definitions and Models in Curriculum Theory", Educational Theory. 17, pp 127-140, April 1967.

39. Jones, W.J. "Self-directed learning and student selected goals in nurse education", Journal of Advanced Nursing. 6, pp 59-69, 1981.

40. Kelly, A.V. The Curriculum, Theory and Practice. Harper & Row Publishers, London, 1977.

41. Koehler, M.L. "Evaluating A Curriculum", Journal of Nursing Education. Vol. 21, No. 1, pp 32-39, January 1982.

42. Kermacks, C. Discussion Paper, Nursing Education Study Report. Ministry of Education, Science and Technology, British Columbia, April 1979.

43. Kermacks, C. Post Basic Clinical Nursing Skills. Registered Nurses' Association of British Columbia, June 1981.

44. Kramer, M. "Philosophical Foundations of Baccalaureate Nursing Education", Nursing Outlook, pp 224-228, April 1981.

45. Krathwohl, D.R., Bloom, B.S. and Masin, B.B. Taxonomy of Educational Objectives: The Classification of Educational Goals (Handbook 2: Affective Domain), David McKay, New York, 1961.

46. Kruger, M. and Yensen, J. The Nursing Program at Vancouver Community College, Langara Campus: A Study of the Factors Influencing Access and Program Length. April 1981.

47. Mager, R.F. Preparing Instructional Objectives. Fearon Publishers Inc. Belmont, California, 1975.

48. Mager & Beach. Developing Vocational Instruction. Ch. 1. Team Publishers, Palo Alto, California, 1967.

49. Morris, L.L. and Fitz-Gibbon, C.T. How to Deal with Goals and Objectives. Sage Publications, Beverly Hills, Cal., 1978.

50. National League for Nursing (NLN) Publications.

    a. Characteristics of Baccalaureate Education in Nursing. Pub. No. 15-1761, 1979.

    b. DeChow, G.H. Curriculum Design for Associate Degree Nursing Programs: Factors in Program Direction. Pub. No. 23-1833, 1980.

    c. Developing Tests to Evaluate Student Achievement in Baccalaureate Nursing Programs. Pub. No. 15-1761, 1979.

    d. Peterson, C.J. (Willts), Broderich, M.E., Demarest, L. and Haley, L. Competency-Based Curriculum and Instructions. League Exchange No. 122, 1979.

    e. Tier, L.L. and Roberts, B.D. Curriculum Design for Associate Degree Nursing Programs: Teaching and Evaluation in the Classroom. Pub. No. 23-1722, 1979.

    f. Waters, V. Distinguishing Characteristics of Associate Degree Education for Nursery. Pub. No. 23-1826, 1980.

51. McNeil, J.D. Curriculum: A Comprehensive Introduction (2nd ed.) Little, Brown and Company, Boston, Mass., 1981.

52. Pennington, F. and Green, J. "Comparative Analysis of Program Development Processes in Six Professions", Adult Education. Vol. 27, No. 1, pp 3-23, 1976.

53. Perspectives, Nursing Education, Practice and Research, Proceedings of the 1978 Annual Meeting of the Western Region. Canadian Association of University Schools of Nursing, Calgary, Alberta, February 22-24, 1978.

54. Polit, D. and Hungler, B. Nursing Research: Principles and Methods. J.B. Lippincott Company, 1978.

55. Posner, G.J. and Strike, K.A. "A Categorization Scheme for Principles of Sequencing Content", Review of Educational Research. Vol. 46, No. 4, pp 665-690, Fall

Registered Nurses Association of B.C. Publications

56. a. Becoming a Nurse. Registered Nurses Association of British Columbia, Spring 1981.

b. Competencies and Skills Required for Nurse Registration for Graduate of a Basic Program, Interim Working Document. Registered Nurses' Association of British Columbia, March 1978.

c. Criteria, Policies and Procedures for Approval of Programs Preparatory to Nurse Registration in British Columbia. Registered Nurses Association of British Columbia, June 1977.

d. The Delivery of Academic and Professional Programs Outside of the Vancouver and Victoria Metropolitan Areas, and Academic Transfer Programs and their Articulation, Brief to Dr. William C. Winegard, Commissioner, Registered Nurses' Association of British Columbia, June 1976.

e. Essential Manual Skills. Registered Nurses Association of British Columbia, 1978.

f. Nurses: Are We at the Breaking Point? Registered Nurses Association of British Columbia, 1981.

g. Nurses (Registered) Act, Chapter 302. Queen's Printer of British Columbia, 1979.

h. Position Statement on Nursing Research. Registered Nurses Association of British Columbia, 1981.

i. Roles and Functions, Joint Statement of the Licensed Practical Nurses Association of British Columbia, The Registered Nurses Association of British Columbia and the Registered Psychiatric Nurses Association of British Columbia, February 1977.

[illegible]. Rahmlow, H.F. and Woodley, K.K. Objective Based Testing. Educational Technology Publications, Englewood Cliffs, N.J., 1979.

58. Reilly, D.E. Behavioral Objectives - Evaluation on Nursing, 2nd ed. Appleton-Century-Crofts, New York, 1980.

59. Riehl, J.P. and Roy, Sister C. Conceptual Models for Nursing Practice. Appleton-Century-Crofts, New York, 1974.

60. Rovers, M.D. A Review of the Reliability and Validity of Selected Procedures to Evaluate Clinical Skills in Nursing Education. Department of Educational Theory, University of Toronto, September 1980.

61. Schneider, H.L. Evaluation of Nursing Competence. Little, Brown and Company, Boston, Mass., 1979.

62. Simpson, E.J. "The Classification of Educational Objectives in the Psychomotor Domain", in National Media Institutes. The Psychomotor Domain - a Resource Book for Media Specialists. Gyphon House, Washington, D.C., 1972.

63. Skeleton, J. "A Program that Dares to be Different", The Canadian Nurse. March 1977.

64. Smith, L. "Models of Nursing as the Basis for Curriculum Development: Some Rationales and Implications", Journal of Advanced Nursing. 7, pp 117-127, 1981.

65. Staropoli, C.J. and Waltz, C.F. Developing and Evaluating Educational Programs for Health Care Providers. F.A. Davis Company, Philadelphia, Penn., 1978.

66. Stevens, B.J. Nursing Theory, Analysis Application and Evaluation. Little, Brown and Company, Boston, Mass., 1979.

67. Swanson, E. and Daising, C.W. "Independent Study: A Curriculum Expander", Journal of Nursing Education. Vol. 19, No. 9, pp 11-15, November 1980.

68. Sweeney, M.A., Hedstrom, B. and O'Malley, M. "Process Evaluation: A Second Look at Psychomotor Skills, Journal of Nursing Education. Vol. 21, No. 2, pp 4-17, February 1982.

69. Szczepkowski, R. "Objectives and Activities," in Alan B. Knox and Associates Developing, Administering and Evaluating Adult Education, Ch. 3. Jessey-Bass, San Francisco, Cal., 1980.

70. Treece, E.W. and Treece, J.W. jr. Elements of Research in Nursing, 3rd ed. The C.V. Mosby Company, Saint Louis, 1982.

71. Tyler, R.W. Basic Principles of Curriculum and Instruction. The University of Chicago Press, 1949.

72. Uprichard, M. "Editorial: Change and Growth", Nursing Papers, Perspectives in Nursing. Vol. 8, No. 2, pp 2-4, Summer 1976.

73. Wong, J. and Wong, S. "The Selection and Organization of Curricular Experience in Nursing", Journal of Advanced Nursing. 6, pp 391-396, 1981.

74. List of Programs' Documents (Appendix B).

DEFINITIONS

Admission Criteria	Standards or requirements for entrance into a program.
Clinical Objectives	Objectives used to evaluate student performance in the practice setting (i.e. hospital, community).
Community	Scheduled or planned learning experiences that allow the student to practice nursing in areas other than a long-term care, intermediate care or acute care hospital settings. . **Unsupervised Community** - Instructor does not accompany student(s) but coordinates the placement of students, may make periodic visits and evaluate student's learning during this experience. . **Supervised Community** - Instructor constantly accompanies the student(s) during this learning experience.
Competency	"An intellectual, attitudinal, and/ or motor capability derived from a specified role and setting, and stated in terms of performance as a broad class or domain of behaviour. It can be analysed and subdivided into one or more terminal performance objectives." (Broderick et. al., 1979, p. 20)
Conceptual Framework (Nursing Curriculum)	Mechanism or blueprint for operationalizing the purpose and curriculum, program, or terminal objectives.
Content (Educational)	Subject matter which is included in a course, program, class, etc.
Context of Practice (Nursing)	"Practice" or work situation in which a student or graduate practices nursing.
Course Description	Summary of content and learning experience of a course.
Co-Requisites Courses	Co-requisite courses must be taken at the same time as the desired course or may have been taken previously.

Course Objectives	Behavioral objectives which indicate those behaviors which a student is to possess to successfully complete the course.
Curriculum (Nursing)	Plan for student learning which includes the following components: **a.** Philosophy (beliefs and purpose) **b.** Curriculum, terminal or program objectives **c.** Level objectives **d.** Course objectives **i.** Content or subject matter **ii.** Learning experiences **iii.** Learning resources **iv.** Teaching/learning approaches **v.** Evaluation of learning (Reilly, 1980, p. 71)
Curriculum Objectives (Terminal or Program Objectives)	Statement which indicate the behaviours expected of a graduate of a program.
Depth and Scope of Content	. **Depth of Content** - refers to the complexity of subject matter included under specific units of a course (i.e. degree of thoroughness). Example: **Unit - Communication skills** Subject matter on the establishment, maintenance and termination of a relationship with a client using five different models as opposed to one model, is considered to have more depth of content. . **Scope of Content** - refers to the broadness or kinds of subject matter included in specific units of a course. Example: **Unit - Communication skills** Subject matter on the establishment and maintenance of a relationship with a client is covered as opposed to the establishment, maintenance and termination of a relationship with a client.
Evaluation Week	Time period when planned (outlined in the curriculum) formal evaluation of planned learning occurs and when no new planned learning is occurring.
Exam Blueprint	Tool used to develop the evaluation of learning in exams or tests. In theory, these should evaluate the content included in the course at the same level of expectation as stated by the course objectives.

General Education Base	Courses of study which broaden the perspective of the learner which may not be specifically oriented to nursing.
Graduate Nurse (G.N.)	Any person who is a graduate of a nursing program.
In-Class Workload	Number of scheduled hours of classes in a week.
Instructional Hours	Student's scheduled or planned hours of learning which occur during the instructional weeks.
Instructional Week	Time period when planned (outined in the curriculum) learning experiences occur.
Lab (Nursing)	Scheduled learning experiences which occur at the educational institution during which the student learns, practices and/or demonstrates proficiency in psychomotor skills.
Learning Domains Objectives	The three areas of human learning including: a. "The cognitive domain includes those objectives which deal with the recall or recognition of knowledge and the development of intellectual abilities and skills." b. The affective domain which "includes objectives which describe changes in interest, attitudes, and values, and the development of appreciations and adequate adjustment." (Bloom et. al. , 1956, p. 7) c. The psychomotor domain referring to those "behaviours which include muscular action and require neuromuscular coordination." (Reilly, 1980, p. 61)
Learning Experiences	Events of the curriculum which allow the student to achieve the expected behaviors, as identified by the objectives.
Level Objectives	Behavioral objectives that arise in the conceptual framework of a curriculum at specific stages or levels in the time-frame (i.e. end of a term, semester, years, etc.).
Mastery Learning	The student is given sufficient opportunity in learning experiences and time to accomplish all the expected behaviors, competencies, skills, etc. required in a program's curriculum.

Model of Nursing	"A model can be defined as "a symbolic depiction in logical terms of an idealized relatively simple situation showing the structure of the original system" (Hazzard and Kergin, 1971, p. 392). A model, then, is a conceptual representation of reality." (Riehl and Roy, 1974, p. 2)
Nursing Courses	Scheduled or planned learning experiences that are taught/ supervised/ arranged, etc., by the nursing faculty.
Nursing Theory	Educational content or subject matter which is identified as nursing content.
Orientation Week	Period of time prior to the commencement of an instructional week when unplanned (not in the curriculum) learning may occur and/ or orientation to planned learning may occur.
Out-of Class Workload	Average number of hours of homework required each week for successful completion of the course. (Camosun Calendar, 1981-1982, p. 36)
Practice (Hours)	Scheduled or planned learning experiences occurring in a practice setting or health agency such as: **a.** The community **b.** The hospital
Practicum	Real-life work experience which is supervised and evaluated by the instructor. The student works various shifts as a member of the staff on the clinical unit but is not an employee.
Preceptorship	Real-life work situation of student learning during which the student is supervised by one Registered Nurse and gradually assumes that R.N.'s work assignment. The student works with the same nurse on different shifts. The instructor may make periodic visits to the agency. The student is evaluated by the Registered Nurse, by the instructor and maybe also by the Head Nurse. The student is not an employee of the clinical agency.
Philosophy	Statement of beliefs or values.
Pre-Requisite Courses	Courses that must be completed satisfactorily before a student may take the next course.

Program Submission	Report submitted by nursing programs to the R.N.A. B.C. as an integral component of the program approval process.
Purpose (Nursing)	Broad statement which describes the intended role the graduate will assume upon completion of the program.
Registered Nurse (R.N.)	"Any person who demonstrates that he or she has met all the requirements for registration as laid down in the Registered Nurses Act, and current registration policies approved by the R.N.A.B.C. Board of Directors." (Roles and Functions, February 1977, p. 3)
Self-Directed Learning	The student learns the subject matter independently through the use of instructor developed modules, learning packets, auto-tutorials, computer-assisted instruction, etc.
Seminars	Scheduled learning experiences which occur in small groups.
Support Courses	Scheduled or planned learning experiences that are not taught/ supervised/ arranged, etc., by nursing faculty.
Teaching/ Learning Approaches	Methods or techniques employed by faculty to facilitate student learning.
Theory (Hours)	Scheduled or planned learning experiences which occur at an educational institution which includes the following: **a.** Nursing theory/ seminars/ tutorials/ labs **b.** Support courses.
Units of a Course	Categories or groups of subject matter that are included in a course.
University Transfer Course(s)	Course(s) taken by students in a college which receives credit at an university.
Work Experience I	Planned learning experience included in the Okanagan College program which requires a student to become an employee of a health care agency. The student must receive a satisfactory evaluation before continuing on in the program.

SUPPORT MATERIALS

Descriptive Tool

and

Analysis of Programs' Curriculum and Level Objectives

Page reference

1. Descriptive Tool 103

2. Analysis of Programs' Curriculum and Level Objectives:

. Camosun College 108
. Cariboo College 111
. Okanagan College 119
. University of British Columbia 137
. Vancouver Community College (Langara) 143

BEHAVIORAL OBJECTIVE DESCRIPTION CODE SHEET AND CATEGORIES

Question 1 - Behavioral objectives are in the following three domains of learning:

a.) Cognitive (domain) - the intellectual ability or thinking skills

b.) Affective (domain) - feelings, attitudes, values, beliefs, and ethics

c.) Psychomotor (domain) - the manipulative and motor skills or the manual skills

Please classify the behavioral objectives using the following:

Code	Category
1	Cognitive
2	Affective
3	Psychomotor
4	Cognitive and affective
5	Cognitive and psychomotor
6	Affective, and psychomotor
7	Cognitive, affective, and psychomotor
8	Ambiguous

Question 2 - What is the taxonomic level of competence indicated in the behavioral objective?

Directions: Using the examples of action verbs on pages 2, 3, and 4 (listed on the left side) and examples of direct objects (listed on the right side) classify the behavioral objective using the following:

Code		Category
Cognitive	3	Level III
	2	Level II
	1	Level I
Affective	3	Level III
	2	Level II
	1	Level I
Psychomotor	3	Level III
	2	Level II
	1	Level I

Directions: If the objective has been coded as 4 to 8 in question #1, please classify each of the 2 or 3 domains.

Question 3 - What is the level of performance using the following?

Code	Category
1	Level I - with constant supervision, guidance, or assistance
2	Level II - in consultation, with periodic supervision or assistance
3.	Level III - independent, without assistance

Question 4 - What other conditions are stated?

Examples - caring for selected patients, clients
- in a specific setting such as medicine, community, etc.
- number of patients
- classroom setting

Cognitive Domain

Lowest Taxonomic Level	Recall Of Facts	
	Action Verb	Direct Object
Level I	acquire defines describes has knowledge of identifies lists knows matches memorize names outlines recall recognize	actions approaches areas arrangements basis basics category/categories causes class(es) classifications continuity criteria definitions development(s) devices divisions elements examples facts factual information (sources, names, dates, events, persons, places time periods) features forms formulations forces fundamentals generalizations implications interrelationships laws meanings methods mentals movements organizations phenomena principles principle procedures processes properties propositions reference relationships representation rules sequence(s) sets structure(s) style(s) symbol(s) technique(s) term(s) terminology theories treatments types usage uses ways

Affective Domain

Response	
Action Verb	Direct Object
acknowledges accepts accumulates combines controls differentiates listens (for) positively respond to select separate to set apart shares shows awareness of	alternatives answers arrangements cadences designs events examples models meters shapes sights sizes sounds rhythms

Psychomotor Domain

Imitation	
Action Verb	
follows examples of follows lead of	

	Cognitive Domain		Affective Domain		Psychomotor Domain	
Level II	Interpretation of Data		Response		Control	
	Action Verb	Direct Object	Action Verb	Direct Object	Action Verb	
	analyze apply appraise arranges categorize change choose compares cites examples classifies compare compute conclude contrast converts criticize deduce deduct describe demonstrate use of detect determine develop diagrams differentiate discriminate distinguish (between) draw (conclusions) employ estimate explain extend extrapolate fill in generalize give in own words identify illustrate implements infer interpret interpolate make(s) modifies operates orders predicts prepares provides read rearrange recognize relate reorder rephrase represent restate restructure separates select solves subdivides transfer transform translate use	abstractions arguments arrangements aspects assumptions bias(es) causal effect cause-effects conclusions consequences consistency/ consistencies corrollaries definitions elements essentials evidence factors fallacies forms generalizations hypotheses/ hypothesis ideas implications interrelations laws meanings methods new views organizations particulars parts patterns phenomenon phrases principles points of view probabilities procedures processes purpose(s) qualifications ramifications relationships relevance relevancies representations sample(s) situations statements (of intent) statements (of fact) structure techniques themes theories	abstracts accepts acclaims acts willingly agrees applauds approves argue assists assumes responsibilities balances compares commends compiles is consistent cooperates with debates declares defends defines deny discuss discusses willingly expresses satisfaction formulates formulates a position follows help increases proficiency in increases numbers of interacts listens to organizes participates in plays practices protects relinquishes respects responds seeks opportunities selects shows interest specifies spend leisure time in subsidizes supports takes appropriate action takes a stand theorizes volunteers	abdications approaches arguements artistic productions artists burlesques charades codes criteria deceptions demonstration directions dramatic work games goals group membership instructions instruments irrationalities irrelevancies laws limits musical production parameters personal friendships plays policies presentations projects speeches standards systems viewpoints writings	carries out according to procedure demonstrates skill in using follows procedures practices	

Cognitive Domain

Highest Taxonomic Level	Problem Solving	
	Action Verb	Direct Object
Level III	appraise argue assesses clarifies combines compares composes concludes consider constitutes constructs contrasts creates critiques decides deduce designs develop derive discriminates document evaluates formulates generalizes judges justifies modifies originates organize plan produces propose rearranges reconstructs relate restructures revises specify supports standardize systemizes synthesize tell transmit validate write	abstractions accuracy/accuracies alternatives communications composition consistency/constencies course(s) of action design discoveries economy/economics efficiency efforts ends errors exactness fallacies flows generalizations hypotheses/hypothesis means objectives operations pattern perceptions phenomena plan precisions performance product relationships reliability schematic solutions specifications specifics standards structure theories utility way work

Affective Domain

Internalization	
Action Verb	Direct Object
(is) accountable acts consistently (is) responsible avoids changes completes manages rated highly by: - superiors - peers - subordinates requires resolves resists revises stands for	behaviors conflicts efforts ethics excuses exorbitary extravagances humanitarianism integrity maturity methods plans

Psychomotor Domain

Automation	
Action Verb	
carries out is competent is skilled is skillful in using uses	

CAMOSUN COLLEGE

CURRICULUM OBJECTIVES	CODE	LEVEL I	CODE	LEVEL II	CODE	PRACTICUM I	CODE
1. Utilizes the nursing process, assessment, planning, implementation and evaluation as the basis of practice	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	Applies beginning skills of assessment, planning implementation & evaluation, with guidance, in caring for selected clients experiencing equilibrium to mild disequilibrium	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 1 Q.4	Applies the nursing process, with assistance, in caring for selected clients and families experiencing mild to moderate disequilibrium	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 2 Q.4	Applies the nursing process in caring for selected clients and families experiencing mild to moderate disequilibrium	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4
2. Synthesizes concepts and principles from the biological, physical, behavioral and social sciences into an organized body of knowledge and directs nursing action	Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	Applies basic concepts with guidance, to selected nursing situations	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 1 Q.4	Applies basic concepts with assistance, to selected nursing situations	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 2 Q.4	Applies concepts from the biological, physical, behavioral and social sciences to selected nursing situations	Q.1 1 Q.2-Cog. Aff. Psych. 2 Q.3 3 Q.4
3. Performs essential psychomotor nursing skills with confidence and proficiency	Q.1 3 Q.2-Cog. Aff. Psych. 3 Q.3 3 Q.4	Performs essential psychomotor nursing skills, with supervision, ensuring client safety and comfort	Q.1 3 Q.2-Cog. 2 Aff. Psych. 2 Q.3 1 Q.4	Performs essential psychomotor nursing skills, with minimum assistance, ensuring client safety and comfort	Q.1 (1+3) Q.2-Cog. 2 Aff. Psych. 2 Q.3 2 Q.4	Performs essential psychomotor nursing skills ensuring client safety and comfort.	Q.1 3 Q.2-Cog. Aff. Psych. Q.3 3 Q.4
4. Establishes, maintains and terminates caring interpersonal relationships that promote client well being	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4	Utilizes basic principles of caring interpersonal communication, with guidance, in purposeful relationships with selected clients and peer groups	Q.1 4 Q.2-Cog. 2 Aff. 1 Psych. Q.3 1 Q.4	Applies principles of caring interpersonal communication, with assistance, in purposeful relationships with selected clients and families	Q.1 4 Q.2-Cog. 2 Aff. 3 Psych. Q.3 2 Q.4	Applies principles of caring interpersonal communication in purposeful relationships with selected clients and families	Q.1 4 Q.2-Cog. Aff. Psych. Q.3 3 Q.4
5. Utilizes principles of teaching/learning to assist the client towards better understanding of his/her health needs and potentialities	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	Applies, with guidance, basic principles of teaching and learning with selected clients and peers	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 1 Q.4	Applies, with assistance, principles of teaching and learning with selected clients and families	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 2 Q.4	Applies principles of teaching and lerning with selected clients and families	Q.1 1 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4
6. Collaborates with clients, families and health care workers in providing care	Q.1 2 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4	Participates, with guidance, with clients, families and nursing team members in selected nursing situations	Q.1 2 Q.2-Cog. Aff. 2 Psych. Q.3 1 Q.4	Participates, with assistance, with clients, families and nursing situations	Q.1 2 Q.2-Cog. Aff. 2 Psych. Q.3 2 Q.4	Participates with clients, families and nursing team members in selected nursing situations	Q.1 2 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4
7. Utilizes organizational skills in managing total nursing care	Q.1 5 Q.2-Cog. 3 Aff. Psych. 3 Q.3 3 Q.4	Displays, with guidance basic organizational skills in classroom and clinical situations for 1 client	Q.1 5 Q.2-Cog. 2 Aff. Psych. 2 Q.3 1 Q.4	Displays, with assistance, organizational skills' in selected nursing situations for 1 - 2 clients	Q.1 5 Q.2-Cog. 2 Aff. Psych. 2 Q.3 2 Q.4	Displays organizational skills in performing nursing care for 2 - 3 selected clients	Q.1 5 Q.2-Cog. 2 Aff. Psych. 2 Q.3 3 Q.4
8. Demonstrates responsibility and accountability for his/her actions as a nurse	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4	Displays responsibility and accountability, with guidance, in classroom and selected clients and families	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 1 Q.4	Demonstrates responsibility and accountability, with assistance, with co-workers and selected clients and families	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 2 Q.4	Demonstrates responsibility and accountability with co-workers and selected clients and families	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4

CAMOSUN COLLEGE

LEVEL III	CODE	LEVEL IV	CODE	PRACTICUM II	CODE
Utilises the nursing process with guidance, in caring for selected clients experiencing moderate to severe disequilibrium	Q.1 1 Q.2-Cog. Aff. Psych. 2 Q.3 1 Q.4	Utilises the nursing process with assistance, in caring for selected clients and families experiencing moderate to severe disequilibrium	Q.1 1 Q.2-Cog. Aff. Psych. 2 Q.3 2 Q.4	Utilises the nursing process, in providing comprehensive nursing care for selected clients and families experiencing moderate to severe disequilibrium	Q.1 1 Q.2-Cog. 2 Aff. Psych. 3 Q.3 3 Q.4
Integrates concepts, with assistance, from the biological, physical, behavioural and social sciences in selected nursing situations	Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 2 Q.4	Synthesises knowledge, with minimal assistance, from the biological, physical, behavioural and social sciences in a variety of nursing situations	Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 2 Q.4	Synthesises knowledge from the biological, physical, behavioural and social sciences in familiar and unfamiliar nursing situations	Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4
Performs essential psychomotor nursing skills with safety and accuracy	Q.1 3 Q.2-Cog. Aff. Psych. 3 Q.3 3 Q.4	Performs essential psychomotor nursing skills with proficiency and accuracy.	Q.1 3 Q.2-Cog. Aff. Psych. 3 Q.3 3 Q.4	Performs essential psychomotor nursing skills, competently and independently	Q.1 3 Q.2-Cog. Aff. Psych. 3 Q.3 3 Q.4
Applies principles of caring interpersonal communication in purposeful relationships with clients and families	Q.1 4 Q.2-Cog. 2 Aff. 2 Psych. Q.3 3 Q.4	Applies principles of caring interpersonal communiction, with assistance, in therapeutic relationships with clients	Q.1 4 Q.2-Cog. 2 Aff. 2 Psych. Q.3 2 Q.4	Applies principles of caring interpersonal communication in therapeutic relationships with clients	Q.1 4 Q.2-Cog. 2 Aff. 2 Psych. Q.3 3 Q.4
Applies principles of teaching and learning with selected clients and families in a variety of nursing situations	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	Applies principles of teaching and learning with clients, groups and families	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	Applies principles of teaching and learning with clients, groups families and colleagues	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4
Cooperates with assistance, with clients, families and health team members in selected nursing situations	Q.1 2 Q.2-Cog. Aff. 2 Psych. Q.3 2 Q.4	Cooperates with clients, families and health team members in a variety of nursing situations	Q.1 2 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4	Collaborates with clients, families and health team members in familiar and unfamiliar nursing situations	Q.1 2 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4
Demonstrates organisational skills in performing nursing care for 3 - 5 selected clients and their families	Q.1 5 Q.2-Cog. 2 Aff. Psych. 2 Q.3 3 Q.4	Demonstrates organisational skills with co-workers and with 5 - 6 clients and their families in a variety of nursing situations	Q.1 5 Q.2-Cog. 2 Aff. Psych. 2 Q.3 3 Q.4	Demonstrates organisational skills with 5 - 6 clients and their families in familiar and unfamiliar nursing situations	Q.1 5 Q.2-Cog. 3 Aff. Psych. 3 Q.3 3 Q.4
Demonstrates responsibility and accountability with co-workers, and selected clients and families in a variety of nursing situations	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4	Demonstrates responsibility and accountability with clients , families, and co-workers in a variety of nursing situations	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4	Demonstrates responsibility and accountability with clients, families, and co-workers in familiar and unfamiliar nursing situations	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4

CARIBOO COLLEGE

CURRICULUM OBJECTIVES		LEVEL I		LEVEL II		LEVEL III		LEVEL IV	
1. Apply the nursing process to individuals of all age groups	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	1 Apply the nursing process to support the individual ways leading to need satisfaction using simple nursing interventions	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	1 Apply the nursing process to support the individual ways and to assist with modifying individual ways, leading to need satisfaction using simple nursing interventions	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	1 Apply the nursing process to support the individual ways and to assist with modifying individual ways leading to need satisfaction using complex nursing interventions	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	1 Apply the nursing process to support the individual ways and assist with modifying individual ways leading to need satisfaction by integrating and correlating nursing interventions	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4
a) Assess patients and plan for nursing care patients	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	1.1 Assess obvious influences that affect the individual ways of meeting needs	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3. Q.4	1.1 Assess overt influences that affect the individual's ways of meeting his needs	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	1.1 Assess covert influences that affect the individual's ways of meeting his needs	CODE Q.1 1 Q.2-Cog. 3. Aff. Psych. Q.3 3 Q.4	1.1 Assess the influences that affect the meeting of needs in an individual	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4
b) [illegible] Evaluate nursing interventions to patients	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	1.2 Plan (with guidance) simple nursing interventions for an individual who requires assistance with the individual ways of meeting his needs	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 1 Q.4	1.2 Plan nursing care for an individual in relation to short term goals	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3. Q.4	1.2 Plan nursing care (with guidance) for an individual in relation to long term goals	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 1 Q.4	1.2 Plan nursing care involving the patient and other team members	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4
		1.3 Implement (with guidance) simple nursing interventions for an individual in order to support his individual ways, leading to need satisfaction	CODE Q.1 5 Q.2-Cog. 2. Aff. Psych. 2 Q.3 1 Q.4	1.3 Implement nursing care for an individual in order to support his individual ways, and to assist with modifying individual ways	CODE Q.1 5 Q.2-Cog. 2 Aff. Psych. 2 Q.3 3 Q.4	1.3 Implement nursing care with speed and accuracy for an individual to assist with modified ways of meeting needs	CODE Q.1 5 Q.2-Cog. 2 Aff. Psych. 2 Q.3 3 Q.4	1.3 Be adept in implementing	CODE Q.1 8 Q.2-Cog. 2 Aff. Psych. 2 Q.3 3 Q.4
		1.4 Evaluate the immediate effects of his/her nursing care	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	1.4 Evaluate the short term effects of his/her nursing care	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	1.4 Evaluate the long term effects of his/her nursing care	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	1.4 Evaluate the effects on the individual of care given by the nursing team	CODE Q.1 1 Q.2-Cog. 3. Aff. Psych. Q.3 3 Q.4

CURRICULUM OBJECTIVES		LEVEL I		LEVEL II		LEVEL III		LEVEL IV	
2 Perform psychomotor skills safely and effectively for patients of all age groups	CODE Q.1 3 Q.2-Cog. Aff. Psych. 3 Q.3 3 Q.4	2 Perform gross psychomotor skills safely in supporting the individual ways of meeting needs	CODE Q.1 3 Q.2-Cog. Aff. Psych. 3 Q.3 3 Q.4	2 Perform fine psychomotor skills safely and with dexterity in meeting an individual's needs	CODE Q.1 3 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	2. Modify psychomotor skills to suite new patient situation without violating principles	CODE Q.1 3 Q.2-Cog. 3 Aff. 3 Psych. 3 Q.3 3. Q.4	2 Modify psychomotor skills safely and with dexterity in meeting an individual's needs	CODE Q.1 3 Q.2-Cog. 3 Aff. Psych. 3 Q.3 3 Q.4
a) Apply underlying principles when carrying out nursing skills	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4								
b) Modify psychomotor skills to new situation without violating principles	CODE Q.1 7 Q.2-Cog. 3 Aff. 3 Psych. 3 Q.3 3 Q.4								
3 Demonstrate cognitive skills in his/her practice of nursing	CODE Q.1 5 Q.2-Cog. 2 Aff. Psych. 2 Q.3 3 Q.4								
a) Relate knowledge from nursing courses	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	a) Apply nursing knowledge of universal ways and the influences affecting the individual ways of meeting needs	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	a) Apply nursing knowledge in relation to supporting the individual ways and assisting with modifying individual ways in meeting needs	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	a) Analyze nursing knowledge in relation to supporting the individual ways and assisting with modifying individual ways in meeting needs	CODE Q.1 1 , Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	a) Synthesize accepted nursing knowledge as basis for nursing practice	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4
b) Relate knowledge from support courses	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	b) Apply foundational knowledge from physical sciences and humanities to nursing practice	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. C.3 3 Q.4	b) Apply foundational knowledge from physical and social sciences to nursing practice	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	b) Relate foundational knowledge from physical and social sciences to nursig practice	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	b) Relate foundational knowledge from physical sciences and humanities to nursing practice	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4

CURRICULUM OBJECTIVES

	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1 Demonstrate communication skills in his/her practice of nursing	2	2			3	
2) Demonstrate a caring attitude in his/her practice of nursing	2		2		3	
3) Establish and maintain a helping relationship	2	2			3	

LEVEL I

	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1 Display interest and sincerity in dealing with his/her patients	2		2		3	
2 Show sensitivity towards the dignity and worth of the individual	2		2		3	
3. Share with the patient, the necessary information concerning his care	2		1		3	

LEVEL II

	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1 Display empathy in dealing with his/her patients	2		2		3	
2 Demonstrate respect for the dignity and worth of the individual	2		2		3	
3. Involve the patient in decisions regarding his care	2		2		3	
4 Identify feelings in 1:1 interactions	4	2	2		3	
5 Demonstrate beginning ability to establish and maintain 1:1 helping relationship	5	2		2	3	
6 Analyze and evaluate responses in 1:1 helping relationship	1	3			3	

LEVEL III

	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1 Display empathy in dealing with his/her patients	2		2		3	
2 Recognize the dignity and worth of the individual and his significant others	1		2		3	
3 Involve the patient and his significant others in decisions regarding his care	2		2		3	
4 Select effective approaches to establish and maintain a helping relationship	5	2			3	
5 Continue to analyze and evaluate responses in 1:1 helping relationship	1	3			3	
6 Demonstrate beginning ability to problem-solve effectively	1	2			3	

LEVEL IV

	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1 Display empathy in dealing with his/her patients	2		2		3	
2 Help others to recognize the dignity and worth of the individual and his significant others	4	2	2		3	
3 Help others to involve the patient and his significant others in decisions regarding his care	4	2	2		3	
4 Select effective approaches to establish and maintain a helping relationship	5		1		3	
5. Continue to develop ability to problem-solve effectively	1	2			3	

CURRICULUM OBJECTIVES		LEVEL I		LEVEL II		LEVEL III		LEVEL IV	
c) Communicate meaningfully in groups	CODE Q.1 4 Q.2-Cog. 2 Aff. 2 Psych. Q.3 3 Q.4	4 Listens actively	CODE Q.1 2 Q.2-Cog. Aff. 2 Psych. Q.3 3. Q.4	7. Show beginning understanding of group process	CODE Q.1 1, Q.2-Cog. Aff. 2, Psych. Q.3 3. Q.4	7 Participate appropriateley in patient therapy groups	CODE Q.1 1, Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4	6. Facilitate communiction within a team	CODE Q.1 2 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4
		5. Utilize fundamental concepts of verbal and non-verbal communications in interactions	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4						
		6. Recognize the impact of influences on communication	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4						
		7. Demonstrates self-awareness in interactions	CODE Q.1 2 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4						
		8. Utilize appropriate channels of communication	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3. Q.4						
d) Record and report accurately, significant information	CODE Q.1 5 Q.2-Cog. 1 Aff. 1 Psych. 3 Q.3 3 Q.4	4 Report and/or record accurately (with guidance) significant information	CODE Q.1 5 Q.2-Cog. 1 Aff. Psych. 1 Q.3 1 Q.4	8. Report and/or record accurately (with guidance) significant information	CODE Q.1 5 Q.2-Cog. 1 Aff. Psych. 1 Q.3 1 Q.4	8. Report and/or record accurately significant information	CODE Q.1 5 Q.2-Cog. 1 Aff. Psych. 3 Q.3 3 Q.4	7 Report and/or record accurately significant information	CODE Q.1 5 Q.2-Cog. 1 Aff. Psych. 3 Q.3 3 Q.4

CURRICULUM OBJECTIVES

		Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
5	Utilize principles of teaching/learning in his/her practice of nursing	1	2			3	
a)	Demonstrate skill in providing incidental health teaching	5	2		2	3	
b)	Participate in planning and implementation of a comprehensive health teaching program for an individual	2		2		3	
7	Collaborate effectively with other health team members in the provision of quality care	2		2		3	
a)	Participate effectively as a health team member in the provision of quality care	2 2		2		3	
b)	Demonstrate beginning skills in leadership in relation to small groups	5	2		2	3	

LEVEL I

		Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1	Recognize the organization of a health care unit	1	1			3	
2	Recognize the role of various community health agencies in health maintenance	1	2			3	
3	Participate as an effective group member with his/her peers in the Clinical setting and in the classroom	1		2		3	

LEVEL II

		Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1	Apply concepts and principles of teaching and learning in helping individuals to modify individual ways of meeting needs	1	2			3	
2	Provide incidental health teaching to assigned patients	1	2			3	
1	Recognize organization of a health care institution.	1	1			3	
2	Assume an effective leadership role in peer group activities (with guidance)	1		2		1	
3	Apply basic principles of group dynamics in peer group situations	2	2			3	
4	Identifies own role as a member of the nursing team or unit	1	2			3	

LEVEL III

		Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1	Include incidental health teaching as an integral part of nursing intervention	1	2			3	
2	Synthesize (with guidance) concepts of teaching and learning in order to develop a planned health teaching program individuals	1	3			1	
1	Participate as a contributing group member within a nursing team or unit	5	3	3	3	3	
2	Recognize the societal impact of changes in today's health care system	4	2			3	
3	Assume an effective leadership role in peer group activities	2		2		3	

LEVLE IV

		Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1	Same						
2	Synthesize concepts of teaching and learning in order to develop a planned teaching program for individuals	1	3			3	
1	Demonstrate skill in team leading under frequent supervision	5	2	2	2	1	
2	Accept the impact ? changes as an influencing force in his/her practice of nursing	2		2		3	

CURRICULUM OBJECTIVES

6 Demonstrate the ability to organize care for a group of patients

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

a. Organize care based on priorities of need for one patient

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3.
Q.4	

b. Organize care based on priorities of needs within a group of patients

CODE	
Q.1	1.
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3.
Q.4	

LEVEL I

1 Arrange (with guidance) own work environment to conserve time and energy for self and patient

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	1
Q.4	

LEVEL II

1 Organize care for a group of 2 - 3 individuals to conserve time and energy for self and patients

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

2 Set priorities for the nursing care of needs
a. for one patient
b. within a group of patients

CODE	
Q.1	1
Q.2-Cog.	
Aff.	3
Psych.	
Q.3	3
Q.4	

3 Design a plan for providing nursing care for assigned patients

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

4 Implement the care as planned

CODE	
Q.1	5
Q.2-Cog.	2.
Aff.	
Psych.	2.
Q.3	3
Q.4	

5 Modify (with guidance) the plan of care in relation to emergent changes of the situation

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	1
Q.4	

6 Attend (with guidance) to all elements of nursing care within a time period realistic to the situation

CODE	
Q.1	3
Q.2-Cog.	
Aff.	
Psych.	1
Q.3	1
Q.4	

LEVEL III

1 Organize care for a group of 3 - 4 individuals to conserve time and energy for self and patient

CODE	
Q.1	1
Q.2-Cog.	3.
Aff.	
Psych.	
Q.3	3
Q.4	

2 Set priorities for nursing care of assigned patients

CODE	
Q.1	1
Q.2-Cog.	
Aff.	2
Psych.	
Q.3	3
Q.4	

3 Design a plan for providing nursing care for assigned patients

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

4 Implement the care as as planned

CODE	
Q.1	5
Q.2-Cog.	
Aff.	
Psych.	2
Q.3	3
Q.4	

5 Modify the plan of care in relation to emergent changes of the situation

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	2
Q.4	

6 Attend to all elements of nursing care within a time period realistic to the situation

CODE	
Q.1	3
Q.2-Cog.	
Aff.	
Psych.	2
Q.3	3.
Q.4	

LEVEL IV

1 Organize care for a group of 4 - 6 individuals to conserve time and energy for self and patient

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

2 Organize care for a team of patients as a team leader

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

3 Set priorities for nursing care of assigned patients

CODE	
Q.1	1
Q.2-Cog.	
Aff.	2
Psych.	
Q.3	3
Q.4	

1? 4 Design a plan for providing nursing care

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

5 Implement the care as planned

CODE	
Q.1	3
Q.2-Cog.	
Aff.	
Psych.	2
Q.3	3
Q.4	

6 Modify the plan of care in relation to anticipated and emergent changes of the situation

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

7 Attend to all elements of nursing care within a time period of realistic to the situation

CODE	
Q.1	3
Q.2-Cog.	
Aff.	
Psych.	2
Q.3	3
Q.4	

CURRICULUM OBJECTIVES

	Objective	CODE Q.1	Q.2-Cog. Aff. Psych.	Q.3	Q.4
8	Demonstrate professional responsibility and accountability to his/her practice of nursing	2	2		
a)	Accept responsibility in relation to personal and professional growth	2	2		
b)	Demonstrate responsibility and accountability in relation to direct patient care	2	2		

LEVEL I

	Objective	CODE Q.1	Q.2-Cog. Aff. Psych.	Q.3	Q.4
1	Accept professional responsibility accountability for own actions with respect to nursing practice	2	2	3	
2	Recognize own limitations in relation to her role as a nursing student	2	1	3	
3	Evaluate with guidance his/her nursing practice on predetermined objectives	1	3	1	
4	Assume responsibility for adhering to College and Community agency policies	2	2	3	
5	Assume responsibility for own learning in realation to assignments	2	2	3	
6	Recognize the importance of maintaining physical and mental health	2	1	3	

LEVEL II

	Objective	CODE Q.1	Q.2-Cog. Aff. Psych.	Q.3	Q.4
1	Same	2	2	3	
2	Same	2	1	3	
3	Set (with guidance) the objectives according to own learning needs	1	1	1	
4	Evaluate (with guidance) progress of own learning	1	3	1	
5	Assume responsibility for adhering to College and Community agency policies	2	2	3	
6	Assume responsibility for learning in relation to patient assignments	2	2	3	
7	Accept the responsibility for maintaining own physical and mental health	2	2	3	

LEVEL III

	Objective	CODE Q.1	Q.2-Cog. Aff. Psych.	Q.3	Q.4
1	Same	2	2	3	
2	Same	2	1	3	
3	Set objectives according to own learning needs	1	1	3	
4	Evaluate his/her nursing practice against own and predetermined needs	1	3	3	
5	Participate in planning own learning experiences	2	2	3	
6	Same	2	2	3	
7	Same	2	2	3	

LEVEL IV

	Objective	CODE Q.1	Q.2-Cog. Aff. Psych.	Q.3	Q.4
1	Accept professional responsibility in relation to actions of co-workers to whom he/she has delegated tasks	2	2	3	
2	Same	2	1	3	
3	Same	1	1	3	
4	Evaluate his/her nursing practice against existing standards of care	1	3	3	
5	Same	2	2	3	
6	Accept responsibility for professional growth	2	2	3	
7	Same	2	2	3	

OKANAGAN COLLEGE

CURRICULUM OBJECTIVES

1. Communicate Effectively with Patients and Colleagues

1.1 Demonstrate skill and sensitivity in human relations and communications.

CODE	
Q.1	4
Q.2-Cog.	
Aff.	
Psych.	2
Q.3	3
Q.4	

LEVEL I

1. Conduct an information interview in a non-threatening manner
- initiate the interaction and state the goal
- use the indirect method of questioning
- use direct method of questioning to obtain specifically needed information

CODE	
Q.1	4
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

CODE	
Q.1	
Q.2-Cog.	
Aff.	
Psych.	
Q.3	
Q.4	

CODE	
Q.1	
Q.2-Cog.	
Aff.	
Psych.	
Q.3	
Q.4	

CODE	
Q.1	
Q.2-Cog.	
Aff.	
Psych.	
Q.3	
Q.4	

2. Use verbal and non-verbal communication skills to establish a supportive relationship

CODE	
Q.1	4
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

- Express empathy to patients by responding to the level of verbally expressed feelings and concerns through:
  - tone of voice
  - language
  - use of space
  - active listening
  - appropriate gestures

CODE	
Q.1	2
Q.2-Cog.	
Aff.	2
Psych.	
Q.3	3
Q.4	

LEVEL II

1 - Use effective communications with patients responding to basic needs, life style and/or developmental stimuli

CODE	
Q.1	4
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

LEVEL III

1 Use effective methods of communicating with patients experiencing stressful events and/or disease processes

CODE	
Q.1	4
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

- Guide the interaction away from the superficial

CODE	
Q.1	8
Q.2-Cog.	?
Aff.	
Psych.	
Q.3	3
Q.4	

- Encourage appropriate feeling ventilation

CODE	
Q.1	2
Q.2-Cog.	?
Aff.	
Psych.	
Q.3	3
Q.4	

- Indicate by brief relevant comments that student understands what the patient has said

CODE	
Q.1	/
Q.2-Cog.	?
Aff.	
Psych.	
Q.3	3
Q.4	

2 Conduct interviews purposefully

CODE	
Q.1	4
Q.2-Cog.	?
Aff.	
Psych.	
Q.3	3
Q.4	

3. Use verbal and non-verbal communication skills to establish supportive relationships

CODE	
Q.1	4
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

LEVEL IV

- Assess the congruency of verbal and non-verbal behaviors

CODE	
Q.1	4
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

ok 2

CURRICULUM OBJECTIVES

LEVEL I

- Encourage feeling ventilation	CODE Q.1 2 Q.2-Cog. Aff. ? Psych. Q.3 3 Q.4
- Validate verbal and non-verbal communications to ensure accurate transfer of meaning	CODE Q.1 4. Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4
- Avoid use of non-verbal behaviors which detract from communication	CODE Q.1 1 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4
- Identify, with assistance, effectiveness and/or ineffectiveness of communications	CODE Q.1 4 Q.2-Cog. 1 Aff. Psych. Q.3 2 Q.4
- With assistance, suggest specific alternatives to improve communication skills	CODE Q.1 4 Q.2-Cog. Aff. ? Psych. Q.3 2 Q.4

LEVEL II

LEVEL III

- Listen attentively	CODE Q.1 1 Q.2-Cog. Aff. ? Psych. Q.3 3 Q.4
- Use open-ended questions	CODE Q.1 2 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4
*-Express accurate empathy by verbalizing implied thoughts and feelings	CODE Q.1 2 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4
*-Use confrontation to bring into patients' awareness inconsistencies in their behavior	CODE Q.1 4 Q.2-Cog. Aff. 2 Psych. Q.3 Q.4
*-Terminate interviews and relationships using closure skills	CODE Q.1 1 Q.2-Cog. Aff. ? Psych. Q.3 3 Q.4

*Applies only to students who have completed Psychiatric Nursing

LEVEL IV

- Use effective methods to communicate with patients experiencing complex problems	CODE Q.1 4 Q.2-Cog. Aff. 2 Psych. Q.3 Q.4
- Initiate, conduct and terminate purposeful interviews	CODE Q.1 4 Q.2-Cog. Aff. ? Psych. Q.3 3 Q.4
- Establish effective relationships with patients experiencing complex problems	CODE Q.1 2 Q.2-Cog. Aff. ? Psych. Q.3 3 Q.4
- Assess and evaluate group dynamics	CODE Q.1 4 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4
- Promote positive interpersonal relationships with colleagues	CODE Q.1 2 Q.2-Cog. Aff. ? Psych. Q.3 3 Q.4
- Facilitate patient communications with health team members	CODE Q.1 1 Q.2-Cog. Aff. ? Psych. Q.3 3 Q.4

ok 3

CURRICULUM OBJECTIVES	Level	Objective	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1.2 Collaborate with other health team members in the provision & coordination of quality care			1					
	LEVEL I	- Contribute pertinent information confidently and tactfully, within the limits of knowledge and ability	1		?		3	
	LEVEL I	- Volunteer to assist others within the limits of knowledge and ability	2		2		3	
	LEVEL I	- Seek out and accept the assistance of health team members	1		2		3	
	LEVEL II	- Be tactful, courteous and cooperative	2		?		3	
	LEVEL II	- Participate in sharing clinical experiences in small groups	1		2		3	
	LEVEL II	- Establish purposeful relationships with members of the health team.	2	?			3	
	LEVEL III	4 Use specific alternatives to improve own communication skills	1	2			3	
	LEVEL III	5 Interact constructively with group members	2	2			3	
	LEVEL III	6 Identify group dynamics using knowledge of verbal and non-verbal communications	1	1			3	
	LEVEL III	- Participate in sharing clinical experiences in small group of peers	1		2		3	
	LEVEL III	-establish and maintain purposeful relationships with members of the nursing team.	2		?		3	
	LEVEL III	- Identify contributions which community agencies may make toward the care of individual patients	1	1			3	
	LEVEL IV	- Co-operate with health team members to achieve a defined goal	1		2		3	
	LEVEL IV	- Utilize the expertise of the health team members to provide comprehensive patient care	1		2		3	
	LEVEL IV	- Apply knowledge of community agencies to promote continuity of patient care	1	2			3	

CURRICULUM OBJECTIVES

1.3 Report and record accurately and concisely.

CODE	
Q.1	
Q.2-Cog.	
Aff.	
Psych.	
Q.3	
Q.4	

LEVEL I

- Report and/or record, with assistance, significant information relevant to the basic needs of patients

CODE	
Q.1	7
Q.2-Cog.	7
Aff.	0
Psych.	
Q.3	2
Q.4	

- Utilize principles of charting

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

- Record pertinent data in the correct places

CODE	
Q.1	7
Q.2-Cog.	7
Aff.	0
Psych.	
Q.3	
Q.4	

- Write/print legibly

CODE	
Q.1	3.
Q.2-Cog.	7
Aff.	0
Psych.	
Q.3	3
Q.4	

LEVEL II

- Consult members of the health team appropriately

CODE	
Q.1	1
Q.2-Cog.	7
Aff.	0
Psych.	
Q.3	82
Q.4	

- Assist health team members

CODE	
Q.1	8
Q.2-Cog.	7
Aff.	
Psych.	0
Q.3	3
Q.4	

No Changes

CODE	
Q.1	
Q.2-Cog.	
Aff.	
Psych.	
Q.3	
Q.4	

LEVEL III

- Write legibly and concisely
- Use correct spelling and grammar

CODE	
Q.1	3+1
Q.2-Cog.	3+2
Aff.	
Psych.	
Q.3	3
Q.4	

- Report significant information about patients to health team members

CODE	
Q.1	7
Q.2-Cog.	7
Aff.	0
Psych.	
Q.3	3
Q.4	

- Report and/or record accurately significant information about patients and nursing care given

CODE	
Q.1	7
Q.2-Cog.	7
Aff.	0
Psych.	
Q.3	3
Q.4	

LEVEL IV

-report significant information about patients to health team members

CODE	
Q.1	7
Q.2-Cog.	7
Aff.	
Psych.	0
Q.3	3
Q.4	

- Ensure complete and and accurate documentation of all data relevant to patients for whom she is responsible

CODE	
Q.1	1
Q.2-Cog.	7
Aff.	0
Psych.	
Q.3	3
Q.4	

OK 5

CURRICULUM OBJECTIVES

1.4 Demonstrate skill in teaching

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	
Q.3	
Q.4	

LEVEL I

- Explain nursing actions to patients

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	2
Q.3	3
Q.4	

LEVEL II

- Use the English language correctly

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	2
Q.3	3
Q.4	

- Use appropriate nursing and medical terminology

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	2
Q.3	3
Q.4	

- Correct charting errors

CODE	
Q.1	5
Q.2-Cog. Aff. Psych.	?
Q.3	3
Q.4	

- Utilize the principles of teaching

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	2
Q.3	
Q.4	

- Take advantage of teaching opportunities as they arise

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	?
Q.3	3
Q.4	

- Assess learning needs

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	3
Q.3	3
Q.4	

LEVEL III

- Take advantage of teaching opportunities as they arise

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	?
Q.3	3
Q.4	

LEVEL IV

- Record medications from medication cards immediately after the administration

CODE	
Q.1	3
Q.2-Cog. Aff. Psych.	?
Q.3	3
Q.4	

- Record on narcotic and drug control sheets accurately and promptly

CODE	
Q.1	3
Q.2-Cog. Aff. Psych.	?
Q.3	3
Q.4	

- Assess the learning needs of patients experiencing complex problems

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	3
Q.3	3
Q.4	

- Plan and implement health teaching, utilizing the expertise of health team members when appropriate

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	3
Q.3	3
Q.4	

ok 6

CURRICULUM OBJECTIVES	LEVEL I	LEVEL II	LEVEL III	LEVEL IV

- Plan and implement health teachings

CODE	
Q.1	/
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

- Evaluate teaching effectiveness

CODE	
Q.1	/
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

- Appropriately report and record patient learning progress

CODE	
Q.1	7
Q.2-Cog.	7
Aff.	0
Psych.	
Q.3	3
Q.4	

1.3 Provide leadership in small groups of clients and auxiliary nursing personnel

CODE	
Q.1	/
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

- Not to be evaluated in N112

CODE	
Q.1	
Q.2-Cog.	
Aff.	
Psych.	
Q.3	
Q.4	

Not to be evaluated in N122

CODE	
Q.1	
Q.2-Cog.	
Aff.	
Psych.	
Q.3	
Q.4	

Not to be evaluated in N112/122

CODE	
Q.1	
Q.2-Cog.	
Aff.	
Psych.	
Q.3	
Q.4	

- Organize and coordinate the care for a group of patients

CODE	
Q.1	/
Q.2-Cog.	
Aff.	2
Psych.	
Q.3	3
Q.4	

- Delegate patient care responsibilities to nursing team members appropriately

CODE	
Q.1	/
Q.2-Cog.	7
Aff.	0
Psych.	
Q.3	3
Q.4	

- Use appropriate leadership approach for the situation

CODE	
Q.1	/
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

ok 7

CURRICULUM OBJECTIVES

Objective	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
2. Provide quality nursing care to one or more patients requiring non-specialized nursing intervention	7	2			3	
2.1 Use the nursing process to provide individualized care to patients	1	2			3	

LEVEL I

Objective	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1 Assess basic needs	7	3			3	
- Utilize appropriate data sources	1	2			3	
- Employ appropriate methods of gathering data	1	2			3	
2 Plan nursing care	1	3			3	
- Include the patient in planning	8	7	0		3	
- State the patient problem	1	7	0		3	

LEVEL II

Objective	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1 Assess patients with consideration of life-style and developmental stage	7	3			3	
2. Evaluate nursing care	7	2			3	
- Revise nursing care plan on basis of available data	1	3			3	

LEVEL III

Objective	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1 Assessment and planning - Include patients and significant others in assessing and planning care	7	3			3	
- Assess patients who are experiencing stressful events and/or selected disease processes with consideration of lifestyle and developmental stage	7	3			3	
- Compare assessment of patients' problems with other data sources	1	3			3	
2 Relate knowledge of patho-physiology and psycho-social aspects to planning nursing care	1	3			3	
- Analyse the appropriateness of alternate nursing interventions	1	2			3	
- Utilize resources which facilitate nursing care	1	2			3	

LEVEL IV

Objective	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1. Assess, plan, implement and evaluate the care for patients experiencing stressful events, disease processes and/or complex problems	7	3			3	

LEVEL I

	CODE	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
- State the nursing diagnosis		/	7	0			
- List problems in order of priority		/	1 —			3	
- State nursing approaches related to helping patients meet basic needs		/	7	0		3	
-state nursing approaches related to health maintenance and promotion.		1	7	0		3	
3. Implement nursing care		3	7	0		3	
- Implement planned nursing approaches (own and others)		3	7	0		3	

LEVEL III

	CODE	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
- Identify changes in treatment plan instituted by others on health team		/	1			3	
2. Implementation and evaluation - Include patients and significant others in implementing and evaluating care		/	3			3	
- Identify subtle changes in patients' conditions		/	1			3	
- Apply knowledge of patho-physiology and psycho-social aspects when implementing nursing care		1	2			3	
- Evaluate the effectiveness of nursing care		/	3			3	

CURRICULUM OBJECTIVES

	CODE					
	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
2.2 Demonstrate organizational ability in providing nursing care to a group of patients	1	2			3	

LEVEL I

	CODE					
	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
3 Evaluate nursing care	1	3			3	
- Discuss with the instructor the effectiveness of care given	1		2		3	
- Care for one patient	7	7	0		3	
- Complete assigned duties in time allotted	8	2			3	
- Follow schedule as outlined during clinical day	3	2		2	3	

LEVEL II

	CODE					
	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
- With assistance, determine priorities of patient care	1	2			2	
- Organize nursing care for two or more selected patients on basis of priorities	1	3			3	
- With assistance, adapt to changes as they arise	2	7	–		2	

LEVEL III

	CODE					
	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
- Determine priorities of patient care	1	2			3	
- Complete assignments in time available	3		3		3	
- Incorporate changes in treatment into nursing care	1	7	0		3	
- Adapt to changes as they arise	2	7	0		3	

LEVEL IV

	CODE					
	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
- Determine nursing priorities for a group of patients	1	2			3	
- Organize and coordinate the nursing care for a group of patients	1	2			3	
- Adapt organizational plan to unexpected changes	1	7	0		3	
- React constructively to stressful and/or busy situations	2	2			3	

CURRICULUM OBJECTIVES

Objective	CODE	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
2.3 Demonstrate skill and confidence in the application of essential nursing skills							

LEVEL I

Objective	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1 General skill requirements - Perform selected skills according to related principles	3	?			3	
- Ensure factors affecting patient comfort when performing nursing skills	5	?			3	
- Perform skills with economy of time and movement	3	?			3	
- Provide for privacy	2	2			3	
- Utilize body mechanics for self and patients	3			2	3	
- Utilize principles of medical asepsis when providing nursing care	1	2			3	

LEVEL II

Objective	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1 Specific skill requirements - med-surg area	3					
Prepare and administer medications to patients accurately, efficiently and safely, applying the "FIVE RIGHTS"	3	?			3	
- Research each medication prior to preparation	1	?			3	
- Calculate dosage with 100% accuracy	1	2			3	
- Read labels three times and compare accurately with each medication card or physician's order	1	2			3	
- Administer medications at correct times	3	?			3	

LEVEL III

Objective	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
1 General skill requirements - Demonstrate knowledge of principles of asepsis	3	2			3	
2 Demonstrate knowledge of principles of asepsis - establish sterile field	3	2			3	
- Administer oral, rectal, topical, subcutaneous, intramuscular and intravenous medications safely	3	?			3	
3 Specific skill requirements Psychiatric nursing skills - Use process recordings to analyze nurse-patient interactions: taperecorder written form	3	2			3	
- Assist with somatic, psychosocial and behavioral therapies according to underlying principles, e.g. occupational, group, family	1		2		3	
- Assist patients in improving their communication skills: - encourage patient to describe feelings - encourage patient to describe factors influencing own feelings and reactions	1	?			3	

LEVEL IV

Objective	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
No change	3	2			3	

LEVEL II

- Identify each patient correctly	CODE
	Q.1 1
	Q.2-Cog. 7 Aff. 0 Psych.
	Q.3 3
	Q.4

2. Specific skill requirements - Obs Nursing Skills	CODE
	Q.1
	Q.2-Cog. Aff. Psych.
	Q.3
	Q.4

- Assess woman labour, e.g. - fetal heart tone - contraction length and strength - Leopold's manouver	CODE
	Q.1 3
	Q.2-Cog. 3 Aff. Psych.
	Q.3 3
	Q.4

- Care for family in labour, e.g. - relaxation and breathing techniques - role of significant other - comfort measures	CODE
	Q.1 7
	Q.2-Cog. 7 Aff. 0 Psych.
	Q.3 3
	Q.4

- Perform a post partum assessment	CODE
	Q.1 7
	Q.2-Cog. 7 Aff. 0 Psych.
	Q.3 3
	Q.4

- Assist and do family teaching, e.g. - breast feeding and care - formula feeding - perineal hygiene - baby care	CODE
	Q.1 7
	Q.2-Cog. Aff. 2 Psych.
	Q.3 3
	Q.4

LEVEL III

- Assist patient to see alternatives in living and relationship skills	CODE
	Q.1 1
	Q.2-Cog. 7 Aff. 0 Psych.
	Q.3 3
	Q.4

LEVEL II		LEVEL III	
- Perform baby care safely, e.g. - baby bath - feeding - admission	CODE Q.1 7 Q.2-Cog. 7 Aff. 0 Psych. Q.3 3 Q.4		
- Leave patients safely and comfortably following administration of medications	CODE Q.1 8 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4	- Observe patient response to medications	CODE Q.1 / Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4
- Never leave medications at patients' bedside unless prescribed by a physician's order	CODE Q.1 8 Q.2-Cog. 7 Aff. Psych. 0 Q.3 3 Q.4	Specific skill requirements - Medical surgical skills	CODE Q.1 3 Q.2-Cog. Aff. Psych. Q.3 Q.4
- Record medications accurately immediately after administering	CODE Q.1 8 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4		
- Dispose of used equipment according to hospital policy	CODE Q.1 8 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4		
- Prepare and administer medications via prescribed routes	CODE Q.1 5 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	- Maintain sterile field	CODE Q.1 3 Q.2-Cog. 7 Aff. 0 Psych. Q.3 3 Q.4

CURRICULUM OBJECTIVES	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
		- Prepare and administer injections dextrously and safely CODE Q.1 3. Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	- Recognize contamination and carry out appropriate measures CODE Q.1 1 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4	
			- Perform sterile procedures with economy of time and movement CODE Q.1 3 Q.2-Cog. Aff. 7 Psych. • Q.3 3 Q.4	
3. Demonstrate professionalism in the delivery of nursing care CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4				
3.1 Act as a patient advocate CODE Q.1 2 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	/ Accept and appreciate self as a person CODE Q.1 2. Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4	Respect the dignity and worth of every individual CODE Q.1 2 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	/ Accept and appreciate self as a person CODE Q.1 2 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4	No Change
	- When asked by teacher describe own feelings and reactions in relation to nursing situations CODE Q.1 2 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4	- Demonstrate empathy CODE Q.1 2 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	- Describe own feelings and reactions in relation to nursing situations CODE Q.1 2 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4	
	- Describe factors influencing own feelings and reactions CODE Q.1 2 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4	- Identify rights and responsibilities of patient CODE Q.1 2 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4	- Discuss how own feelings and behavior affect nursing care CODE Q.1 2 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	

LEVEL I

- With assistance, attempt to modify behavior where own needs detract from effectiveness of nursing care	CODE	
	Q.1	2
	Q.2-Cog. Aff. Psych.	3
	Q.3	2
	Q.4	

2

Respect the dignity and worth of every individual	CODE	
	Q.1	2
	Q.2-Cog. Aff. Psych.	2
	Q.2	3
	Q.4	

- Introduce self	CODE	
	Q.1	2
	Q.2-Cog. Aff. Psych.	7 6
	Q.3	3
	Q.4	

- Demonstrate interest and enthusiasm	CODE	
	Q.1	2
	Q.2-Cog. Aff. Psych.	2
	Q.3	3
	Q.4	

- Assess own health status	CODE	
	Q.1	2
	Q.2-Cog. Aff. Psych.	3
	Q.3	3
	Q.4	

- Seek supervision when necessary	CODE	
	Q.1	2
	Q.2-Cog. Aff. Psych.	2
	Q.3	3
	Q.4	

LEVEL II

Maintain confidentiality with respect to information obtained from or about others	CODE	
	Q.1	2
	Q.2-Cog. Aff. Psych.	3
	Q.3	3
	Q.4	

- Display discretion in selecting appropriate circumstances for discussion	CODE	
	Q.1	2
	Q.2-Cog. Aff. Psych.	2
	Q.3	3
	Q.4	

LEVEL III

- Modify behavior where own needs detract from effectiveness of nursing care	CODE	
	Q.1	2
	Q.2-Cog. Aff. Psych.	3
	Q.3	3
	Q.4	

2

Respect the dignity and worth of every individual	CODE	
	Q.1	2
	Q.2-Cog. Aff. Psych.	2
	Q.3	3
	Q.4	

- Incorporate into nursing care factors that make the patient an individual	CODE	
	Q.1	2
	Q.2-Cog. Aff. Psych.	7 6
	Q.3	3
	Q.4	

CURRICULUM OBJECTIVES / LEVEL	Objective	CODE Q.1	Q.2-Cog. Aff. Psych.	Q.3	Q.4
CURRICULUM OBJECTIVES	3.2 Demonstrate responsibility and accountability in nursing	2	3	3	
LEVEL I	- Behave with courtesy	2,	7 0	3	
LEVEL I	- Behave in a manner which indicates interest	2.	7 0	3	
LEVEL I	- Maintain a non-judgmental approach	2	7 0	3	
LEVEL I	1 Demonstrate correct usage of rights and responsibilities as a college student	2	2	3	
LEVEL I	- Be punctual	2	7 0	3	
LEVEL I	- Adhere to college and program policies	2	7 0	3	
LEVEL II	- Work within the framework of written policies and procedures of host institution	2	2	3	
LEVEL II	- Strive to improve healthful responses of self and others	2	7 0	3	
LEVEL II	- Report errors appropriately (own and others)	1	7 0	3	
LEVEL III	- Support patient rights	2	2	3	
LEVEL III	- Assist patients to meet their rights and responsibilities	2	3	3	
LEVEL III	3. Maintain confidentiality with respect to information obtained from or about others	2,	7 0	3	
LEVEL III	- Display discretion in selecting to whom information is passed and the circumstances for discussion	2	2	3	
LEVEL III	- Exemplify a professional manner	2	7 0	3	
LEVEL IV	- Seek assistance and/or supervision when necessary	1	2	3	
LEVEL IV	- Assume responsibility for own actions	2,	3	3	
LEVEL IV	- Utilize appropriate channels for proposing changes in established policies and procedures	1	2	3	

CURRICULUM OBJECTIVES | LEVEL I | LEVEL II | LEVEL III | LEVEL IV

CURRICULUM OBJECTIVES

3.3 Demonstrate responsibility maintaining and increasing own competency

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	2 3
Q.3	3
Q.4	

LEVEL I

- Exemplify a professional manner, e.g. uniform regulations, good personal hygiene

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	7
Q.3	3
Q.4	

- Assume responsibility for own actions with respect to patients

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	3
Q.3	3
Q.4	

1. Demonstrate a positive attitude toward learning

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	2
Q.3	3
Q.4	

- Use appropriate resources

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	2
Q.3	3
Q.4	

- Work within own capabilities

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	2
Q.3	3
Q.4	

- Seek learning experiences

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	2
Q.3	3
Q.4	

LEVEL II

- Prepare for clinical experiences with use of appropriate resources

CODE	
Q.1	7
Q.2-Cog. Aff. Psych.	 2
Q.3	3
Q.4	

LEVEL III

- Research appropriately before giving care

CODE	
Q.1	8
Q.2-Cog. Aff. Psych.	 7.
Q.3	3
Q.4	

LEVEL IV

- Evaluate own performance realistically

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	3
Q.3	3
Q.4	

LEVEL I

- Set personal goals to enhance learning	CODE
	Q.1 2
	Q.2-Cog. 7 Aff. Psych. 0
	Q.3 3
	Q.4

- Request evaluation of own performance	CODE
	Q.1 2
	Q.2-Cog. 7 Aff. Psych. 0
	Q.3 3
	Q.4

- Evaluate own performance	CODE
	Q.1 1
	Q.2-Cog. 3 Aff. Psych.
	Q.3 3
	Q.4

- Modify own behavior on the basis of self-assessment and feedback from instructor, nursing team and patients	CODE
	Q.1 4
	Q.2-Cog. 2 Aff. Psych.
	Q.3 3
	Q.4

- Actively participate in group discussion by listening, observing and contributing	CODE
	Q.1 2
	Q.2-Cog. Aff. 2 Psych.
	Q.3 3
	Q.4

- Prepare for college and clinical lab by completing assigned readings and reviewing previously taught material	CODE
	Q.1 1
	Q.2-Cog. 2 Aff. Psych.
	Q.3 3
	Q.4

UNIVERSITY OF BRITISH COLUMBIA (B.S.N.)

CURRICULUM OBJECTIVES

1. Applies knowledge from the arts and humanities to the practice of nursing

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

2. Utilizes knowledge from the physical, biological and behavioural sciences in planning and implementing nursing care

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

3. Uses scientific methods of enquiry in arriving at professional judgments

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	1
Psych.	
Q.3	3
Q.4	

4. Applies knowledge of man as a behavioural system

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

FIRST YEAR OBJECTIVES

1. Uses the U.B.C. Model for Nursing in the provision of nursing care

CODE	
Q.1	1
Q.2-Cog.	2,
Aff.	
Psych.	3
Q.3	3
Q.4	

SECOND YEAR OBJECTIVES

1. Uses the U.B.C. Model in the provision of nursing care to individuals experiencing unpredictable events

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	3
Q.3	3
Q.4	

THIRD YEAR OBJECTIVES

1. Uses the U.B.C. Model in the provision of nursing care for individuals and families experiencing predictable and unpredictable health concerns and problems

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	3
Q.3	3
Q.4	

FOURTH YEAR OBJECTIVES

1. Understands the structure, functions and values of the surrounding society

CODE	
Q.1	1
Q.2-Cog.	2,
Aff.	
Psych.	
Q.3	3
Q.4	

2. Integrates knowledge from the physical, biological and social sciences in the implementation of the process of nursing with clients in a variety of settings

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

3. Applies the principles of public health to the practice of nursing

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

4. Explores alternative modes of provision of health care

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

UBC 2

CURRICULUM OBJECTIVES

1. Functions independently and interdependently in providing nursing care

CODE	
Q.1	3
Q.2-Cog.	
Aff.	
Psych.	3
Q.3	3
Q.4	

2. Assesses the health status of the client and determines the need for nursing care

CODE	
Q.1	1
Q.2-Cog.	3
Aff.	
Psych.	
Q.3	3
Q.4	

3. Plans and intervenes purposefully to assist the client in attaining, maintaining, or regaining health, or to a peaceful death

CODE	
Q.1	4
Q.2-Cog.	3
Aff.	2
Psych.	
Q.3	3
Q.4	

FIRST YEAR OBJECTIVES

2. Applies the nursing process in the professional practice of nursing

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

4. Provides nursing care for individuals experiencing predictable heath concerns and problems

CODE	
Q.1	5
Q.2-Cog.	2
Aff.	
Psych.	2
Q.3	3
Q.4	

SECOND YEAR OBJECTIVES

2. Applies the nursing process in the professional practice of nursing

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

3. Provides nursing care for individuals and families experiencing predictable and unpredictable health concerns and problems

CODE	
Q.1	5
Q.2-Cog.	2
Aff.	
Psych.	2
Q.3	3
Q.4	

THIRD YEAR OBJECTIVES

2. Applies the nursing process in the professional practice of nursing

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

3. Provides nursing care for individuals experiencing unpredictable events and associated losses

CODE	
Q.1	5
Q.2-Cog.	2
Aff.	
Psych.	2
Q.3	3
Q.4	

FOURTH YEAR OBJECTIVES

5. Performs nursing's unique function independently

CODE	
Q.1	3
Q.2-Cog.	
Aff.	
Psych.	3
Q.3	3
Q.4	

6. Consistently uses the nursing process in the provision of nursing care

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

7. Uses the U.B.C. School of Nursing Family Model in the process of family nursing

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

UBC 3

CURRICULUM OBJECTIVES	CODE	FIRST YEAR OBJECTIVES	CODE	SECOND YEAR OBJECTIVES	CODE	THIRD YEAR OBJECTIVES	CODE	FOURTH YEAR OBJECTIVES	CODE
4. Evaluates nursing interventions on the basis of established goals	Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4								
5. Establishes and maintains effective relationships with clients and colleagues	Q.1 2, Q.2-Cog. Aff. 2, Psych. Q.3 3 Q.4	5 Modifies own behaviour as necessary in order to relate effectively within individual and teaching/learning group relationships	Q.1 4 Q.2-Cog. 2, Aff. 2. Psych. 3 Q.3 3 Q.4	4. Relates effectively in individual and peer group relationships	Q.1 1, Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4	4. Identifies the dynamics of individual and small group relationships	Q.1 / . Q.2-Cog. 2, Aff. Psych. Q.3 3 Q.4		
				5. Establishes and maintains therapeutic relationships	Q.1 2 Q.2-Cog. Aff. Psych. Q.3 Q.4				
6. Teaches individuals, families and groups	Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	6. Applies principles of teaching and lerning to assist individuals with activities of daily living	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	6 Applies principles of learning and teaching with individuals experiencing unpredicatable events	Q.1 1 Q.2-Cog. 2, Aff. Psych. Q.3 3. Q.4	5. Applies principles of teaching and learning when teaching individuals and groups	Q.1 / Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	10 Uses teaching as an integral part of the repertoire of nursing interventions.	Q.1 1 Q.2-Cog. 2, Aff. Psych. Q.3 3 Q.4
7. Applies research findings to improve nursing care	Q.1 1. Q.2-Cog. 2 Aff. Psych. Q.3 3. Q.4	10. Identifies that nursing practice is based on a changing body of knowledge	Q.1 1 Q.2-Cog. 2, Aff. Psych. Q.3 3 Q.4	7. Uses current literature as a basis for provding care to selected patients	Q.1 1 Q.2-Cog. 2, Aff. Psych. Q.3 3 Q.4	Explains the application of the research process to the practice of nursing	Q.1 / Q.2-Cog. 2 Aff. Psych. Q.3 3. Q.4	13 Uses appropriate research findings in the provision of nursing care	Q.1 / Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4
8. Utilizes management principles in providing, directing, & evaluating health care implemented by self and others	Q.1 1. Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	7. Organizes the nursing care required by selected individuals in non-acute care settings	Q.1 5 Q.2-Cog. 3 Aff. Psych. Q.3 3. Q.4	8. Organizes the nursing care required by selected individuals in acute care settings	Q.1 5 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	6 Manages the nursing care required by selected individuals and families in a variety of settings	Q.1 5 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4	12 Applies management principles, consistently, in the provision of nursing care	Q.1 / Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4

UBC 4

CURRICULUM OBJECTIVES	CODE	FIRST YEAR OBJECTIVES	CODE	SECOND YEAR OBJECTIVES	CODE	THIRD YEAR OBJECTIVES	CODE	FOURTH YEAR OBJECTIVES	CODE
9. Demonstrates the capacity for assuming a leadership role	Q.1 7 Q.2-Cog. 2 Aff. 2 Psych. Q.3 3 Q.4	8. Explains own role as a participating group member	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	9. Understands the role of nursing in the health team	Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	7. Demonstrates leadership with individuals, families and small groups in a variety of settings	Q.1 7 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	13. Demonstrates the use of leadership principles in the provision of nursing care	Q.1 7 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4
10. Collaborates with other health professionals in promoting and restoring the health of individuals, families, and community	Q.1 7 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4							8. Collaborates with other health team members in the provision of patient care	Q.1 7 Q.2-Cog. Aff. 2 Psych. Q.3 2 Q.4
								9. Communicates effectively to facilitate the delivery of health care	Q.1 4 (H2) Q.2-Cog. 2 Aff. 2 Psych. Q.3 3 Q.4
11. Practices nursing within a framework of safe, legal, ethical, and professional standards	Q.1 7 Q.2-Cog. 2 Aff. 2 Psych. 2 Q.3 3 Q.4			10. Practices nursing within a framework of safe, legal, ethical and professional standards	Q.1 7 Q.2-Cog. 2 Aff. 3 Psych. 2 Q.3 Q.4			11. Practices nursing within the framework of professional standards	Q.1 7 Q.2-Cog. Aff. 2 Psych. Q.3 3. Q.4
12 Accepts responsibility and accountability for own nursing actions	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4	3. Is responsible and accountable for own performance and growth as a nurse	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4	11. Is responsible and accountable for own performance as a nurse	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4	9. Is responsible and accountable for own performance and growth as a nurse	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3. Q.4	12 Demonstrates responsibility and accountability for own nursing actions	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4
13. Accepts responsibility for self-directed, continuous, personal, and professional growth	Q.1 2 Q.2-Cog. Aff. 3 Psych. Q.3 3 Q.4							14. Demonstrates responsibility for promoting effective nursing care through own professional development	Q.1 2 Q.2-Cog. Aff. 2 Psych. Q.3 3. Q.4

UBC 5

CURRICULUM OBJECTIVES

14 Evaluates the present and emerging roles of the professional nurse in relation to the trends in health care

CODE	
Q.1	
Q.2-Cog.	3
Aff.	2
Psych.	
Q.3	3
Q.4	

15. Develops commitment to the goals of the profession and utilizes these goals as motivation for professional activity --

CODE	
Q.1	2
Q.2-Cog.	
Aff.	3
Psych.	
Q.3	3.
Q.4	

FIRST YEAR OBJECTIVES

9. Describes the development and current status of the nursing profession

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

SECOND YEAR OBJECTIVES

12. Identifies the role of the nursing profession within the health care team

CODE	
Q.1	1
Q.2-Cog.	1
Aff.	
Psych.	
Q.3	3
Q.4	

13 Develops commitment to the goals of the profession and utilizes these goals as a motivation for professional activity

CODE	
Q.1	2
Q.2-Cog.	
Aff.	2
Psych.	
Q.3	3
Q.4	

THIRD YEAR OBJECTIVES

8. Explains the influence of selected factors on the evaluation of the nursing profession within the health care delivery system

CODE	
Q.1	4
Q.2-Cog.	2
Aff.	2
Psych.	
Q.3	3.
Q.4	

FOURTH YEAR OBJECTIVES

15. Determines the role of the professional nurse in relationship to trends in the provision of health care

CODE	
Q.1	1
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

16. Accepts responsibility for developing and promoting the profession of nursing within a changing society

CODE	
Q.1	2.
Q.2-Cog.	
Aff.	2
Psych.	
Q.3	3
Q.4	

VANCOUVER COMMUNITY COLLEGE

LEVEL I

When caring for 1 or 2 selected individuals who require predominantly the nursing activities of maintenance and protection, in selected settings, the student will:

CODE	
Q.1	7
Q.2-Cog.	
Aff.	7
Psych.	0
Q.3	3
Q.4	1-2 individual

LEVEL II

When caring for 1 to 6 selected individuals who have health problems and who require the nursing activities of maintenance, protection and restoration in selected settings, the student will:

CODE	
Q.1	7
Q.2-Cog.	
Aff.	7
Psych.	0
Q.3	3
Q.4	1-6 individuals

LEVEL III

When caring for a group of individuals who may be healthy or have heal health problems and who require the nursing activities of maintenance, protection and restoration, in a variety of settings and shifts, the student will:

CODE	
Q.1	7
Q.2-Cog.	
Aff.	7
Psych.	0
Q.3	3
Q.4	group

THE BEHAVIORS THAT MUST BE DISPLAYED DO NOT CHANGE, HOWEVER, THE SITUATION DOES CHANGE FROM LEVEL TO LEVEL.

CURRICULUM OBJECTIVES

1. Demonstrate caring behaviors.

CODE	
Q.1	2
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

1.1 Addresses individuals by name of choice.

CODE	
Q.1	8
Q.2-Cog.	7
Aff.	0
Psych.	
Q.3	3
Q.4	

1.2 Promotes privacy.

CODE	
Q.1	7
Q.2-Cog.	
Aff.	7
Psych.	6
Q.3	3
Q.4	

1.3 Recognizes situations that may require non-observance of privacy

CODE	
Q.1	1
Q.2-Cog.	1
Aff.	
Psych.	
Q.3	3
Q.4	

1.4 Acts appropriately on individual's expressed concerns.

CODE	
Q.1	2
Q.2-Cog.	2
Aff.	
Psych.	
Q.3	3
Q.4	

1.5 Maintains confidentiality unless such information is a threat to the individual's well-being.

CODE	
Q.1	2
Q.2-Cog.	7
Aff.	0
Psych.	
Q.3	3
Q.4	

LEVEL I LEVEL II LEVEL III

REFER TO PAGE 143.

1.6 Respects individual's right to make informed decisions.	CODE
	Q.1 2
	Q.2-Cog. Aff. 2 Psych.
	Q.3 3
	Q.4

1.7 Encourages individual to voice concerns and to gain information from appropriate resources	CODE
	Q.1 2
	Q.2-Cog. Aff. 7 Psych. 0
	Q.3 3
	Q.4

1.8 Makes judgements in the best interest of the individual or on his behalf when he is unable to make decisions or to voice concerns for himself.	CODE
	Q.1 2
	Q.2-Cog. Aff. 2 Psych.
	Q.3 3
	Q.4

1.9 Gives appropriate realistic feedback.	CODE
	Q.1 4
	Q.2-Cog. 2 Aff. Psych.
	Q.3 3
	Q.4

1.10 Identify own attitudes, feelings or responses to an individual that may affect care.	CODE
	Q.1 2
	Q.2-Cog. 1 Aff. Psych.
	Q.3 3
	Q.4

1.11 Promote self-worth of an individual by considering the influence of the five factors of culture, socioeconomic status, phase of life cycle, heredity, and environment.	CODE
	Q.1 2
	Q.2-Cog. Aff. 7 Psych. 0
	Q.3 3
	Q.4

CURRICULUM OBJECTIVES		LEVEL I		LEVEL II	LEVEL III
20 Applies the principles of the nursing process	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	21 Assesses each need based upon the V.C.C. Nursing curriculum framework	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	REFER TO PAGE 143.	
		22 Identifies signs and symptoms by using assessment skills	CODE Q.1 1 Q.2-Cog. Aff. Psych. Q.3 3 Q.4		
		2.3 Establishes priorities of care	CODE Q.1 1 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4		
		2.4 Implements care in order of established priorities for individuals and groups	CODE Q.1 1 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4		
		2.5 Involves patient or significant others when implementing care plan	CODE Q.1 8 Q.2-Cog. Aff. 7 Psych. 6 Q.3 3 Q.4		
		26 Evaluates plan of care	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4		
		27 Evaluates goal achievement using stated criteria	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4		

LEVEL I		LEVEL II	LEVEL III
		REFER TO PAGE 143.	

2.8 Evaluates effectiveness of nursing interventions, using feedback from patients, significant others or staff, where appropriate

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	3
Q.3	3
Q.4	

2.9 Modifies care plan according to change in status of assigned individuals or in response to ineffective interventions

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	2
Q.3	3
Q.4	

2.10 Develops nursing care plans for assigned patients

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	2
Q.3	3
Q.4	

2.11 Lists the problems for each patient in order of priority using established principles

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	1
Q.3	3
Q.4	

2.12 States realistic behavioral goals for the problem list

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	1
Q.3	3
Q.4	

2.13 Incorporates known standards of care into the total care plan

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	1
Q.3	3
Q.4	

LEVEL I

LEVEL II

LEVEL III

		CODE					
		Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
2.14	Chooses nursing interventions in addition to standards of care most likely to resolve problems	1	2			3	
2.15	Provides rational for interventions	1	?		0	3	
2.16	Validates plan of care with the patient, significant other or agency resources	2	2			3	
2.17	Explain the influence of forces and factors on each need	1	2			3	
2.18	Collects information using all data sources	1	?		0	3	
2.19	Identifies problems by comparing the database with expected norms and determining deviations and discrepancies	1	2			3	
2.20	Identifies potential patient problems arising from treatment or the normal progress of the condition	1	2			3	

REFER TO PAGE 143.

CURRICULUM OBJECTIVES LEVEL I LEVEL II LEVEL III

REFER TO PAGE 143.

2.21 Validates problems with the patient, significant others or staff

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	2
Q.3	
Q.4	

2.22 Assesses individual's ability to participate in care

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	3
Q.3	
Q.4	

2.23 List the patient problems

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	1
Q.3	
Q.4	

9. Demonstrates responsibility and accountability

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	2
Q.3	3
Q.4	

Conducts self according to the policies and guidelines for students in the nursing program and to policies and procedures of specific health care agencies

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	 7 0
Q.3	3
Q.4	

52 Maintains recognized standards of care

CODE	
Q.1	1
Q.2-Cog. Aff. Psych.	7 -
Q.3	3
Q.4	

53 Questions care contrary to recognized standards of care

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	7 0
Q.3	3
Q.4	

3' Substantiates own level of competence

CODE	
Q.1	2
Q.2-Cog. Aff. Psych.	7 0
Q.3	3
Q.4	

LEVEL I

LEVEL II

LEVEL III

REFER TO PAGE 143.

		CODE	Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
3.5	Recognizes unsafe situations		1	1			3	
36	Seeks appropriate supervision and assistance		2		2		3	
3.7	Reports and remediates errors or omissions		1		7	✓	3	
3.8	Accepts guidance and assistance in a positive manner		2	3			3	
39	Performs all nursing activities within legal limits		7		7	2	3	
3.10	Acts within own level of competence		7		2		3	
3.11	Demonstrates ability to follow directions		3			2	3	

CURRICULUM OBJECTIVES

		CODE Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
4.	Communicates effectively	8	7		0	3	

LEVEL I

		CODE Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
4.1	Assesses patient's communication abilities	1	3			3	
4.2	Interprets verbal and non-verbal cues	1	2			3	
4.3	Identifies factors which may affect communication	1	1			3	
4.4	Encourages individuals to express concerns	2	7		9	3	
4.5	Relates effectively with others in the work situation	1	3			3	
4.6	Selects communication techniques purposefully	1.	2			3	
4.7	Uses communication techniques therapeutically	2	2			3	

LEVEL II

	CODE Q.1	Q.2-Cog.	Aff.	Psych.	Q.3	Q.4
Identifies factors and forces which may affect communication	1	1			3	

LEVEL III

REFER TO PAGE 143.

SAME AS LEVEL II

	LEVEL I	LEVEL II	LEVEL III
4.6	Participates in groups CODE Q.1 3 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4	Establishes effective group relationships CODE Q.1 2 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4	SAME AS LEVEL II
4.9	Adjusts communication to fit needs of the individual CODE Q.1 2 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4	SAME AS LEVEL I	SAME AS LEVEL I
4.10	Reports relevant clinical information to the appropriate agency personnel and instructor CODE Q.1 1 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4	SAME AS LEVEL I	SAME AS LEVEL I
4.11	Communicates effectively and accurately in speech and in writing CODE Q.1 8 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4	Communicates effectively and accurately in speech and in writing for charts, Kardex, and assignments CODE Q.1 8 Q.2-Cog. Aff. 7 Psych. 0 Q.3 5 Q.4	SAME AS LEVEL II

	CURRICULUM OBJECTIVES	CODE		LEVEL I	CODE	LEVEL II	CODE	LEVEL III
5	Performs selected nursing techniques safely	Q.1 3 Q.2-Cog. Aff. Psych. Q.3 Q.4	5.1	Maintains appropriate medical asepsis	Q.1 3 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4	Maintains appropriate aseptic technique	Q.1 3 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4	SAME AS LEVEL II
			5.2	Demonstrates manual dexterity	Q.1 3 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4			
			5.3	Carries out activities to conserve the energy and time of patients and self	Q.1 3 Q.2-Cog. Aff. Psych. 2 Q.3 3 Q.4	SAME AS LEVEL I		SAME AS LEVEL I
			5.4	Performs nursing techniques accurately	Q.1 3 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4			
			5.5	Uses equipment and supplies properly	Q.1 3 Q.2-Cog. 2 Aff. Psych. Q.3 Q.4			
			5.6	Promotes physical and emotional comfort of the patient	Q.1 2 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4			
			5.7	Demonstrates ability to follow directions	Q.1 3 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4			

CURRICULUM OBJECTIVES		LEVEL I		LEVEL II		LEVEL III	
6.0 Applies principles of learning and teaching	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	6.1 Identifies learning needs of assigned individual	CODE Q.1 1 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4	Identifies learning needs of assigned individuals and significant others, where relevant	CODE Q.1 1 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4	Identifies learning needs of assigned individuals	CODE Q.1 1 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4
		62 Identifies factors which may influence ability of individuals to learn	CODE Q.1 2 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4	Identifies factors and forces which may influence ability to learn of individuals and significant others, where relevant	CODE Q.1 2 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4	Identifies factors and forces which may influence ability of individuals to learn	CODE Q.1 1 Q.2-Cog. 1 Aff. Psych. Q.3 3 Q.4
		6.3 Develops teaching plan to accommodate learning needs and characteristics of assigned individual	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	Develops teaching plan to accommodate learning needs and characteristics of individuals or significant others, where relevant	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	Develops teaching plan to accommodate learning needs and characteristics of individuals	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4
		6.4 Implements teaching plan	CODE Q.1 8 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4	SAME AS LEVEL I			
		65 Evaluates teaching plan and learning outcomes	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4				

CURRICULUM OBJECTIVES		LEVEL I		LEVEL II	LEVEL III
7 Applies principles of organization	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4	7.1 Designs a time sequence plan	CODE Q.1 1 Q.2-Cog. 3 Aff. Psych. Q.3 3 Q.4	REFER TO PAGE 143.	
		7.2 Uses a time sequence plan	CODE Q.1 3 Q.2-Cog. 2 Aff. Psych. Q.3 Q.4		
		7.3 Demonstrates flexibility in modifying the time plan to meet changing priorities and needs	CODE Q.1 1 Q.2-Cog. 2 Aff. Psych. Q.3 3 Q.4		
		7.4 Carries out activities to conserve the energy and time of individuals, self and agency personnel	CODE Q.1 1 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4		
		7.5 Completes nursing care activities within a reasonable time span	CODE Q.1 3 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4		
8. Participates as a member of the health team	CODE Q.1 3 Q.2-Cog. Aff. 2 Psych. Q.3 3 Q.4	Establishes working relationships with others	CODE Q.1 2 Q.2-Cog. Aff. 7 Psych. 0 Q.3 Q.4		
		Maintains working relationships with others	CODE Q.1 2 Q.2-Cog. Aff. 7 Psych. 0 Q.3 3 Q.4		

CURRICULUM OBJECTIVES | LEVEL I | LEVEL II | LEVEL III

CURRICULUM OBJECTIVES

8.5

Uses other health team members to provide care	CODE
	Q.1 6
	Q.2-Cog. 2 Aff. Psych. 2
	Q.3 3
	Q.4

LEVEL I

8.3

Accepts direction from appropriate health team member	CODE
	Q.1 1
	Q.2-Cog. 3 Aff. Psych.
	Q.3 3
	Q.4

8.4

Assists other health team members to provide care	CODE
	Q.1 7
	Q.2-Cog. Aff. 2 Psych.
	Q.3 3
	Q.4

8.6

Uses appropriate channels of communication within the health team, agency and the community	CODE
	Q.1 1
	Q.2-Cog. 2 Aff. Psych.
	Q.3 3
	Q.4

8.7

Refers relevant information to appropriate health team member	CODE
	Q.1 1
	Q.2-Cog. 7 Aff. 0 Psych.
	Q.3 3
	Q.4

8.8

Identify situations where change is appropriate	CODE
	Q.1 1
	Q.2-Cog. 1 Aff. Psych.
	Q.3 3
	Q.4

8.9

Provides direction to auxiliary nursing staff in organizing care for individuals or groups	CODE
	Q.1 1
	Q.2-Cog. Aff. 2 Psych.
	Q.3 3
	Q.4

LEVEL II

REFER TO PAGE 143.

8.5

Uses other health team members to plan comprehensive care.	CODE
	Q.1 5
	Q.2-Cog. 2 Aff. Psych. 2
	Q.3 3
	Q.4

8.8

Adapts planned change	CODE
	Q.1 1
	Q.2-Cog. Aff. 7 Psych. 0
	Q.3 3
	Q.4

LEVEL III

SAME AS LEVEL II

Evaluation Tool for Clinical Performances

and

Level of Expected Performances of Essential Manual Skills

	Page reference
1. Samples of Evaluation Tools for Clinical Evaluation:	
. Camosun College	159
. Cariboo College	167
. Okanagan College	181
. University of British Columbia	189
. Vancouver Community College (Langara)	221
2. Blueprints	
. Camosun College	227
. Cariboo College	229
. Okanagan College	231
3. Level of Expected Performance of Essential Manual Skills (all programs):	233
. University of British Columbia	237
. Vancouver Community College (Langara)	241

CAMOSUN COLLEGE
NURSING DEPARTMENT

GUIDELINES TO EVALUATION OF CLINICAL PERFORMANCE

PRACTICUM I - NURSING 171
SPRING 1982

COURSE OBJECTIVES	BY THE END OF PRACTICUM I, THE STUDENT WILL:
1. APPLY THE NURSING PROCESS IN CARING FOR SELECTED CLIENTS AND FAMILIES EXPERIENCING MILD TO MODERATE DISEQUILIBRIUM.	
1.1 Conduct a client assessment utilizing the Camosun College Nursing Assessment Guide.	A. Select pertinent data from observations, interviews and physical examination i. assess with a holistic viewpoint ie. data is representative of all sources of stimuli; developmental, needs, and social and physical environment, reflecting the bio-psycho-social aspects of man. ii. integrate theory from Nursing 150 and 151 in assessing a client B. Analyze data utilizing a stress-adaptation framework. i. identify the major stimuli that threaten or cause disruption in equilibrium ii. identify the perceptions iii. identify the coping responses iv. relate stimuli to perceptions and coping responses to determine level of equilibrium/disequilibrium. v. assess degree to which client requires assistance in attaining and maintaining equilibrium C. Validate assessment with client D. Identify client problems i. delineate between actual and potential problems ii. state problems in clear, concise terms
1.2 Plan nursing interventions for 2 - 3 clients.	A. Identify priority problems B. Identify realistic goals which are based on the assessment of the client C. Formulate a plan before commencing care D. Integrate knowledge from semester one and two in planning care E. Plan preventive, educative, supportive and/or restorative nursing interventions i. set priorities for care ii. determine interventions based on assessment and goals.

.../2

COURSE OBJECTIVES	BY THE END OF PRACTICUM I THE STUDENT WILL:
1.2 cont'd	E. Show awareness of the total care planning for a client i. communicate with health team members in the planning of care ii. include the client and family in the planning process
1.3 Conduct nursing intervention according to plan	A. Implement preventive, educative, supportive and/or restorative nursing interventions aimed at meeting identified goals B. Show awareness of clients individual habits, abilities & preference when conducting care C. Ensure the comfort and safety of the client when giving care
1.4 Evaluate effectiveness of nursing interventions in meeting client goals	i. observe the client's reactions to nursing care ii. revise plan of care in response to the client's level of equilibrium. iii. determine effectiveness of nursing care in light of the total care plan for the client
2. APPLY CONCEPTS FROM THE BIOLOGICAL, PHYSICAL, BEHAVIOURAL AND SOCIAL SCIENCES TO SELECTED NURSING SITUATIONS	A. Identify rationale, from the biological, physical, behavioural & social sciences in applying the nursing process.
3. UNDERSTAND PRINCIPLES UNDERLYING PERFORMANCE OF PSYCHOMOTOR SKILLS	A. Integrate theory from Nursing 160 and 161 to i. describe purpose and desired outcome of nursing skill ii. explain principle underlying nursing skills iii. relate skill performed to a specific client problem

.../3

COURSE OBJECTIVES	BY THE END OF PRACTICUM I THE STUDENT WILL:
4. PERFORM ESSENTIAL PSYCHOMOTOR NURSING SKILLS ENSURING CLIENT SAFETY AND COMFORT	A. Perform skills learned in Nursing 160 and 161 according to correct principles and rationale i. independently implement previously learned skills in which competency has been demonstrated ii. demonstrate increasing proficiency of time with the repeated performance of a skill iii. demonstrate increasing manual dexterity with the repeated performance of a skill iv. familiarize self with equipment, policies and procedures related to the skill performance in assigned clinical area v. use equipment and materials correctly B. Utilize appropriate measures to ensure client safety and comfort i. explain procedure to client ii. adapt skill to the individual situation C. Evaluate own performance
5. DEMONSTRATE EFFECTIVE METHODS OF CARING INTERPERSONAL COMMUNICATION IN PURPOSEFUL RELATIONSHIPS WITH SELECTED CLIENTS AND FAMILIES.	A. Demonstrate behaviour that contributes to the development of a helping relationship with clients that is based on a client assessment. i. Preinteraction Phase: a. gathers pertinent client information relevant to establishing a helping relationship b. show awareness that own perceptions and coping responses can be affected by client information. c. develop plans for initial interaction ii. Introductory Phase: a. create an atmosphere of openess and trust (e.g. show respect, punctual, offer assistance when necessary) b. mutually formulate a contract c. involve client in problem identification and goal setting d. utilize effective communication skills that enhance exploration of client's feelings thoughts and actions

.../4

OBJECTIVES	BY THE END OF PRACTICUM I THE STUDENT WILL:
Cont'd	iii. Work Phase: - utilize effective communication skills to: a) explore relevant stimuli of client b) validate own perceptions with the client c) assist in altering or enhancing clients' perceptions and coping responses iv. Termination Phase: - a) establish reality of separation (eg. summarize discussion, express feelings re. termination) B. Evaluate effectiveness of relationships with clients and families C. Modify own behaviour as necessary to improve relationship with client and families.
6. APPLY PRINCIPLES OF TEACHING AND LEARNING WITH SELECTED CLIENTS AND FAMILIES	A. Identify learning needs of clients experiencing mild to moderate disequilibrium i. validate perception with client ii. state learning goals as part of the plan of care iii. involve client in setting learning goals B. Convey information to selected clients and families based on learning goals i. utilize opportunities for formal or informal teaching ii. demonstrate awareness of principles of teaching and learning iii. actively involve the client in his own learning iv. show an awareness of a variety of teaching methods v. adapt teaching techniques to the individual client and family or situation C. Evaluate learning outcomes

.../5

5.../

OBJECTIVES	BY THE END OF PRACTICUM I THE STUDENT WILL:
7. PARTICIPATE WITH CLIENTS, FAMILIES AND NURSING TEAM MEMBERS IN SELECTED NURSING SITUATIONS	A. Include clients and families as vital components in the assessment, planning, intervention and evaluation processes. i. encourage input from clients and their families at each stage of the nursing process ii. recognize individuality of clients iii. recognize effect of own behaviour when participating with clients and families. B. Function as a member of the nursing team i. demonstrate realistic view of nursing and of hospital routine and personnel ii. cooperate with other health team members to achieve a defined goal iii. show awareness of increased self confidence and personal comfort in the clinical area a. voluntarily assume duties within limits of responsibility b. react constructively in stressful and/or busy situations iv. recognize effect of own behaviour in interactions with nursing team members v. communicate pertinent information, verbally and non-verbally, about the client and family a. use appropriate lines of communication b. report significant changes in the client to nursing team members at an appropriate time c. record pertinent information in a clear, concise manner d. participate in conferences by sharing learning experiences and relevant information
8. DISPLAY ORGANIZATIONAL SKILLS IN PERFORMING NURSING CARE FOR 2 - 3 SELECTED CLIENTS	A. Arrange work environment so as to efficiently accomplish care for 2 - 3 clients experiencing mild to moderate disequilibrium i. assess workload ii. establish priorities iii. plan nursing care according to priorities before commencing care iv. provide a safe, orderly, and comfortable environment for a client v. organize care to maximize efficiency

.../6

OBJECTIVES	BY THE END OF PRACTICUM I THE STUDENT WILL:
8. Cont'd	vi. anticipate factors that may alter organizational plans vii. modify organizational plans when anticipated and unanticipated situations arise
9. DEMONSTRATE RESPONSIBILITY AND ACCOUNTABILITY WITH COWORKERS, AND SELECTED CLIENTS AND FAMILIES	A. Display responsibility and accountability for own actions as a nursing student i. seek opportunities to develop own knowledge and skills ii. participate in planning own learning experiences iii. seek guidance as necessary from appropriate resources iv. realistically evaluate own performance v. modify own behaviour on the basis of self assessment and feedback vi. accept responsibility for maintaining standards of nursing care B. Function according to the accepted standards and established policies of the college and hospital i. shows awareness of own limitations, and seeks guidance if necessary ii. recognize and report his/her own errors and take appropriate actions C. Function as a client advocate i. assist clients to identify their own rights and responsibilities ii. speak on behalf of the client when necessary to other health team members iii. facilitate client communication with other health team members

CARIBOO COLLEGE NURSING DEPARTMENT
Clinical Evaluation Tool
Level I Nursing Course 111

Clinical Data

Student's Name ______________________

Agency Clinical Area Rotation #

Date from to

Maximum hours Hours Absent

Final Grade for this Rotation:

Written Assignments (if applicable)

1)

2)

3)

4)

Summary: (Identify areas of strength and areas for improvement.)

I. Nursing Process

II. Nursing Psychomotor skills

III. Cognitive Skills

IV. Communication Skills

V. Organizational Skills

VI. Health Team Activities

VII Professional Responsibility/Accountability

Recommendations

Instructor Comments:

Student Comments:

Signatures: Instructor ______________________ Date ____________

Student ____________________ Date Evaluation Discussed ____________

NURSING 111

The final mark for Nursing 111 will be either a PASS or FAIL. In order to successfully complete this course, the student must consistently meet the objectives at the level designated by "X". Inability to meet the objectives may constitute a failure. Consideration will be given to the total performance of the student.

Individual objectives are evaluated using the following clinical rating scale:

1.
   - fails to meet course objectives and lacks initiative
   - insufficient knowledge and/or inability to apply knowledge
   - requires intensive instructor guidance

2.
   - inconsistent in meeting course objectives and in demonstrating initiative
   - marginal knowledge and inconsistent application of knowledge in assigned situation
   - requires frequent guidance of instructor

3.
   - consistently meets course objectives and demonstrates initiative in some learning situations
   - sufficient knowledge and appropriate application of knowledge in assigned situations
   - requires only appropriate guidance of instructor

4.
   - consistently meets course objectives and demonstrates initiative in all learning situations
   - generally complete knowledge and above average application of knowledge in assigned situations
   - requires minimal guidance of instructor

5.
   - consistently excells in meeting course objectives and demonstrates superior initiative in all learning situations
   - comprehensive knowledge and excellent application of knowledge in all assigned situations
   - little or no instructor guidance required

Definitions

Complete - thorough in most situations
Comprehensive - all inclusive
Consistent - holding always to the same practice
Frequent - happening repeatedly at brief intervals
Initiative - the act of taking the first move; the ability to think and act without being urged
Occasional - of irregular occurrence; infrequent
Situation - combination of circumstances at any given time
Sufficient - adequate

	Expected Performance (X) Student's Performance ( )					COMMENTS
BY THE COMPLETION OF LEVEL I, THE STUDENT WILL:	5	4	3	2	1	
1. APPLY THE NURSING PROCESS TO SUPPORT THE INDIVIDUAL WAYS LEADING TO NEED SATISFACTION, USING SIMPLE NURSING INTERVENTIONS.						
A. ASSESSMENT						
Data Collection						
1.1 uses data collection tools as directed			X			
1.2 gathers data from appropriate sources (patient as primary source			X			
1.3 obtains data in an appropriate manner						
- sets appropriate time and place for assessment			X			
- explains purpose of assessment to the individual			X			
- asks questions appropriately			X			
1.4 identifies overt influences that affect the individual's way of meeting needs			X			
1.5 examines, under direction, the effect of influences on the individual				X		

	Expected Performance (X) Student's Performance ( )					COMMENTS
BY THE COMPLETION OF LEVEL I, THE STUDENT WILL:	5	4	3	2	1	
Problem Identification						
1.6 determines whether needs have been satisfied				X		
1.7 identifies patient problems related to needs				X		
1.8 with assistance, determines whether the individual requires help in satisfying basic needs.				X		
B. PLANNING						
1.9 relates knowledge of biology and nursing to planning of care			X			
1.10 determines components of assigned tasks			X			
1.11 plans nursing care for an individual in relation to assigned tasks			X			
C. IMPLEMENTATION						
1.12 carries out simple nursing interventions in order to support the individual ways leading to need satisfaction			X			

	Expected Performance (X) Student's Performance ( )					COMMENTS
BY THE COMPLETION OF LEVEL I, THE STUDENT WILL:	5	4	3	2	1	
1.13 states rationale for interventions used			X			
D. **EVALUATION** 1.14 evaluates immediate effects of nursing interventions			X			
2. PERFORM PSYCHOMOTOR SKILLS SAFELY (WHILE PROMOTING COMFORT). Knows basic principles/guidelines underlying selected nursing psychomotor skills. 2.1 uses appropriate sources to review the skill before performing it in the clinical setting			X			
2.2 states the basic principles/guidelines underlying the skill			X			
2.3 explains to the patient (if indicated) the purpose of the skill and the steps to be used			X			
2.4 adapts the skill as necessary to the individual situation				X		

	Expected Performance (X) Student's Performance ( )					COMMENTS
BY THE COMPLETION OF LEVEL I, THE STUDENT WILL:	5	4	3	2	1	
Perform skills while applying principles/guidelines related to patient safety and comfort.						
2.5 follows appropriate measures to ensure safety for individual involved while performing the skill		X				
2.6 follows appropriate measures to ensure safety for self while performing the skill		X				
2.7 follows appropriate measures to promote comfort for the individual while performing the skill						
2.7.1 ensure privacy		X				
2.7.2 explain procedure to patient			X			
2.7.3 prevent undue discomfort to patient		X				

	Expected Performance (X) Student's Performance ( )					COMMENTS
BY THE COMPLETION OF LEVEL I, THE STUDENT WILL:	5	4	3	2	1	
2.8 follows a correct procedure while performing skill:			X			
basic assessment skills						
handwashing						
personal hygiene						
bed making						
basic lifts, transfers and ambulating techniques						
positioning						
oral feeding						
temperature, pulse and respirations						
blood pressure						
charting						
communication skills						
application of heat and cold						
chest and thrust maneuver						
assisting those with sensory decline, especially elderly						
others						
3. DEMONSTRATE AN UNDERSTANDING OF COGNITIVE SKILLS IN HIS/HER PRACTICE OF NURSING						
3.1 Apply nursing knowledge of universal ways and the influences affecting the individual's ways of meeting needs.						

	Expected Performance (X) Student's Performance ( )					COMMENTS
	5	4	3	2	1	
BY THE COMPLETION OF LEVEL I, THE STUDENT WILL:						
3.2 Apply foundational knowledge from sciences and humanities acquired before entering the program to nursing practice.			X			
3.3 Relate foundational knowledge from Sciences and humanities learned in Level 1, to nursing practice.			X			
4. DEMONSTRATE COMMUNICATION SKILLS IN HIS/HER PRACTICE OF NURSING.						
A. displays a caring attitude						
4.1 describes own feelings about interacting with individuals			X			
4.2 describes factors, other than feelings, which influence own behavior			X			
4.3 shows insight into own behavior by self-evaluation			X			
B. establishes comfortable relationships with individuals						
4.4 introduces self	X					

		Expected Performance (X) Student's Performance ( )					COMMENTS
BY THE COMPLETION OF LEVEL I, THE STUDENT WILL:		5	4	3	2	1	
4.5	listens actively			X			
4.6	is relaxed and at ease with the individual			X			
4.7	uses appropriate terms [illegible] address the individual		X				
4.8	describes factors affecting own communication			X			
4.9	states the probable significance of verbal behavior of self and others				X		
4.10	identifies non-verbal behavior of self and others			X			
4.11	states the probable significance of non-verbal behavior of self and others				X		
4.12	identifies own feelings			X			
4.13	shares feelings in appropriate manner			X			

	Expected Performance (X) Student's Performance ( )					COMMENTS
BY THE COMPLETION OF LEVEL I, THE STUDENT WILL:	5	4	3	2	1	
C. reports and records accurately and concisely						
4.14 writes legibly and concisely		X				
4.15 uses correct spelling and grammar		X				
4.16 uses appropriate nursing and medical terminology			X			
4.17 reports to appropriate persons and/or records accurately significant information about patients and nursing care given			X			
5. DEMONSTRATES THE ABILITY TO ORGANIZE CARE.						
5.1 designs a realistic time frame to fit plan of care prior to starting.			X			
5.2 organizes own work environment			X			
5.3 completes assigned tasks on time			X			

	Expected Performance (X) Student's Performance ( )					COMMENTS
BY THE COMPLETION OF LEVEL I, THE STUDENT WILL:	5	4	3	2	1	
6. COLLABORATE EFFECTIVELY WITH OTHER HEALTH TEAM MEMBERS.						
6.1 helps other students when appropriate			X			
6.2 shares experiences with peers and instructor			X			
6.3 displays respect for peers and instructor		X				
6.4 recognizes the organization of a nursing team			X			
6.5 recognizes the role of the members of a nursing team				X		
7. DEMONSTRATES PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY IN HIS/HER PRACTICE OF NURSING						
A. seeks guidance and direction when approrpiate						
7.1 identifies own limitations						
7.1.1 - uses judgment when seeking assistance			X			

	Expected Performance (X) Student's Performance ( )					COMMENTS
BY THE COMPLETION OF LEVEL I, THE STUDENT WILL:	5	4	3	2	1	
7.1.2 - checks with instructor before proceeding into new procedure			X			
7.1.3 - checks with appropriate people if unable to answer questions			X			
B. accepts guidance and direction in a constructive manner						
7.2 discusses, with the instructor, guidance and direction given			X			
7.3 modifies behavior with assistance			X			
C. assumes responsibilities for actions as a nursing student						
7.4 is punctual	X					
7.5 notifies agency if late or absent	X					
7.6 assumes responsibilities for own learning in relation to assignments						
7.6.1 - prepares for clinical experience		X				
7.6.2 - submits assignments on time	X					

		Expected Performance (X) Student's Performance ( )					COMMENTS
BY THE COMPLETION OF LEVEL I, THE STUDENT WILL:		5	4	3	2	1	
	7.6.3 - completes all assignments satisfactorily			X			
7.7	completes all assigned tasks		X				
7.8	reports errors or omissions promptly	X					
7.9	reports to appropriate person upon arrival and when leaving clinical area at any time	X					
7.10	evaluates his/her nursing practice on predetermined objectives			X			
7.11	follows uniform and dress regulations	X					
7.12	recognizes the importance of maintaining physical and mental health			X			
7.13	maintains confidentiality with respect to information obtained from patients	X					

OKANAGAN COLLEGE

DIPLOMA NURSING PROGRAM

Evaluation of Clinical Performance in N. 112

Student: ____
(Surname) (Given Names)

Clinical hours: ___________(total)

#Clinical hours absent/ill: __________

Class: __________________

Final Letter Grade: _________________

Areas of Strength

Areas Requiring Improvement

Student's Comments:

Date: ____________________ (This report has been discussed with me)
Student Signature: ______________________________

Instructor's Name: ___________________

Signature: ___________________________

Nursing 112 - Nursing I Evaluation

OVERALL OBJECTIVES OF THE DIPLOMA NURSING PROGRAM	LEVEL OF ATTAINMENT EXPECTED IN NURSING 112-NURSING PRACTICE I	RATING
1. Communicate Effectively with Patients and Colleagues		
1.1 Demonstrate skill and sensitivity in human relations and communication.	A. Conduct an information-getting interview in a non-threatening manner	
	- initiate the interaction and state the goal	
	- use the indirect method of questioning	
	- use direct questioning to obtain specifically needed information	
	B. Use verbal and non-verbal communication skills to establish a supportive relationship	
	- express empathy to patients by responding to the level of verbally expressed feelings and concerns through: - tone of voice - language - use of space - active listening - appropriate gestures	
	- encourage feeling ventilation	
	- validate verbal and non-verbal communications to ensure accurate transfer of meaning	
	- avoid use of non-verbal behaviors which detract from communication	
	- identify, with assistance, effectiveness and/or ineffectiveness of communications	
	- with assistance, suggest specific alternatives to improve communication skills	

OVERALL OBJECTIVES OF THE DIPLOMA NURSING PROGRAM	LEVEL OF ATTAINMENT EXPECTED IN NURSING 112-NURSING PRACTICE I	RATING
1.2 Collaborate with other health team members in the provision and coordination of quality care.	- contribute pertinent information confidently and tactfully, within the limits of knowledge and ability - volunteer to assist others within the limits of knowledge and ability - seek out and accept the assistance of health team members	
1.3 Report and record accurately and concisely.	- report and/or record, with assistance, significant information relevant to the basic needs of patients - utilize principles of charting - record pertinent data in the correct places - write/print legibly - use the English language correctly - use appropriate nursing and medical terminology - correct charting errors	
1.4 Demonstrate skill in health teaching.	- explain nursing actions to patient	
1.5 Provide leadership in small groups of clients and auxiliary nursing personnel.	- not to be evaluated in N112	

OVERALL OBJECTIVES OF THE DIPLOMA NURSING PROGRAM	LEVEL OF ATTAINMENT EXPECTED IN NURSING 112-NURSING PRACTICE I	RATING
2. Provide Quality Nursing Care to One or More Patients Requiring Non-Specialized Nursing Intervention		
2.1 Use the nursing process to provide individualized care to patients.	A. Assess basic needs - utilize appropriate data sources - employ appropriate methods of gathering data B. Plan nursing care - include the patient in planning - state the patient problem - state the nursing diagnosis - list problems in order of priority - state nursing approaches related to helping patients meet basic needs - state nursing approaches related to health maintenance and promotion C. Implement nursing care - implement planned nursing approaches (own and others) D. Evaluate nursing care - discuss with the instructor the effectiveness of care given	
2.2 Demonstrate organizational ability in providing nursing care to a group of patients.	- care for one patient - complete assigned duties in time allotted - follow schedule as outlined during clinical day	

OVERALL OBJECTIVES OF THE DIPLOMA NURSING PROGRAM	LEVEL OF ATTAINMENT EXPECTED IN NURSING 112-NURSING PRACTICE I	RATING
2.3 Demonstrate skill and confidence in the application of essential nursing skills.	1. General skill requirements - perform selected skills according to related principles - ensure factors affecting patient comfort when performing nursing skills - perform skills with economy of time and movement - provide for privacy - utilize body mechanics for self and patients - utilize principles of medical asepsis when providing nursing care	
	2. Specific skill requirements - not to be evaluated in N112	
3. Demonstrate Professionalism in the Delivery of Nursing Care		
3.1 Act as a patient advocate.	A. Accept and appreciate self as a person - when asked by teacher describe own feelings and reactions in relation to nursing situations - describe factors influencing own feelings and reactions - with assistance, attempt to modify behavior where own needs detract from effectiveness of nursing care	
	B. Respect the dignity and worth of every individual - introduce self - behave with courtesy - behave in a manner which indicates interest - maintain a non-judgmental approach	

OVERALL OBJECTIVES OF THE DIPLOMA NURSING PROGRAM	LEVEL OF ATTAINMENT EXPECTED IN NURSING 112-NURSING PRACTICE I	RATING
3.2 Demonstrate responsibility and accountability in nursing.	Demonstrate correct usage of rights and responsibilities as a college student - be punctual - adhere to college and program policies - demonstrate interest and enthusiasm - assess own health status - exemplify a professional manner, eg. uniform regulations, good personal hygiene - assume responsibility for own actions with respect to patients - seek supervision when necessary	
3.3 Demonstrate responsibility in maintaining and increasing own competency.	Demonstrate a positive attitude toward learning - use appropriate resources - work within own capabilities - seek learning experiences - set personal goals to enhance learning - request evaluation of own performance - evaluate own performance - modify own behavior on the basis of self-assessment and feedback from instructor, nursing team and patients - actively participate in group discussions by listening, observing and contributing - prepare for college and clinical lab. by completing assigned readings and reviewing previously taught material	

CLINICAL RATING SCALE

0 - fails to meet objective
- requires intensive instructor guidance
- insufficient knowledge and/or inability to apply knowledge

1 - inconsistent in meeting objective
- requires frequent guidance of instructor
- marginal and/or inconsistnet knowledge and application of knowledge in assigned situations

2 - meets objective
- requires progressively less guidance of instructor
- sufficient knowledge in assigned situations

3 - meets objective
- requires minimal guidance of instructor
- generally complete knowledge and application of knowledge in assigned situations

4 - exceeds the objective
- little or no instructor guidance required
- comprehensive knowledge and application of knowledge in assigned situations.

Definitions

Complete - thorough in most situations
Comprehensive - all inclusive
Consistent - holding always to the same practice
Frequent - happening repeatedly at brief intervals
Initiative - the act of taking the first move; the ability to think and act without being urged
Occasional - of irregular occurrence; infrequent
Situation - combination of circumstances at any given time
Sufficient - adequate

CALCULATION OF LETTER GRADE FOR TOTAL NURSING 112 COURSE

1. Clinical Evaluation - 70%

___ x 0 = ______

___ x 1 = ______

___ x 2 = ______

___ x 3 = ______

___ x 4 = ______

Total ________

3.5 - 4.0 = A
2.5 - 3.4 = B
1.8 - 2.4 = C
1 - 1.7 = D
0 - .9 = F

2. College Lab Exams - 30%

#1 ___/15

#2____/15

Grade _________

*Final Grade Subject to Application of "Policies - Nursing Practice Courses"

Revised September 1981

THE UNIVERSITY OF BRITISH COLUMBIA SCHOOL OF NURSING

N.101 - 1982

CLINICAL EVALUATION TOOL

In order to fulfill the objectives of the clinical experience, students will be required to demonstrate the use of the UBC Model for Nursing and nursing theory, and communication, physical assessment and psychomotor skills in a clinical setting.

Rating:

Student performance on each objective will be rated as above expected, expected, marginal or unacceptable.

Critical Objectives:

Sections A* and B* are considered essential behaviours that must be demonstrated before proceeding to Nursing 201. Students must achieve a performance rating of expected or above on individual objectives in sections A and B.

Students who achieve a marginal or lower performance rating on any objective in sections A and B will be reviewed by the Nursing 101 team.

Passing:

Students must achieve an overall average of 60% or better in their clinical performance.

ST/CH Dec. 1980
Revised CH/Dec.81

UNIVERSITY OF BRITISH COLUMBIA SCHOOL OF NURSING

NURSING 101 CLINICAL EVALUATION TOOL-1982

Student____Dates_________________________

Clinical Placement____________________________Clinical Hours________/56 total hrs.

A. STUDENT STRENGTHS:

B. AREAS TO BE IMPROVED BY STUDENT:

C. STUDENT COMMENT AND/OR PLAN:

Student's Signature (indicates written evaluation has been read by student)

Signature______________________________________Date______________________

Instructor's Signature__________________________Date______________Grade________

N.101 GUIDE FOR ASSIGNING GRADES TO CLINICAL PERFORMANCE

ABOVE EXPECTED	SCORE 5
EXPECTED	SCORE 4-3
MARGINAL	SCORE 2
UNACCEPTABLE	SCORE 0

Rating: Criteria for rating objectives will be

a) consistency and quality in meeting objectives,

b) amount of supervision required, and

c) evidence of improvement shown in clinical and written work.

A. RESPONSIBILITY*	AE	E	M	U	COMMENTS
1. Expected Behaviours for Assuming Responsibility for own Performance					
1.1 Comes consistently prepared for learning experiences.					
1.2 Completes nursing care assignments within allotted time.					
1.3 Maintains client confidentiality.					
1.4 Explains actions to client.					
1.5 Reports findings and information to instructor and/or team members in a clear, concise manner.					
1.6 Performs nursing care according to knowledge and skill taught in N.101					
1.7 Seeks guidance when appropriate.					
1.8 Takes appropriate action in the event of own errors and omissions.					
1.9 Identifies own biases.					
1.10 Implements plans for own improvement from self evaluation and feedback from peers, client and instructor.					
B. APPLICATION*					
2. Expected Behaviours in Applying Principles of Safety and Comfort					
2.1 Uses communication appropriate to the maturational stage, culture and education of the client.					
2.2 Uses appropriate communication techniques to identify and respond to client feelings.					
2.3 Manipulates forces to ensure comfort of the client.					
2.4 Ensures safety of the client.					
2.5 Uses correct body mechanics.					
2.6 Demonstrates knowledge of the principles of medical and beginning level surgical asepsis.					

C. ASSESSMENT	AE	E	M	U	COMMENTS
3. Collects Relevant Data					
3.1 Utilizes pertinent sources (e.g. client, chart health care workers, environment).					
3.2 Uses appropriate interviewing skills.					
3.3 Applies components of physical assessment.					
3.4 Validates data with the client.					
3.5 Records data appropriately using the UBC Model for Nursing as a framework.					
4. Interprets Relevant Data					
4.1 Identifies coping behaviours as suitable or unsuitable.					
4.2 Identifies forces, abilities and evidence of subsystem goal achievement.					
4.3 Identifies the relationships of coping behaviours, forces and abilities within and among subsystems.					
4.4 Draws conclusions about subsystem goal achievement.					
4.5 Validates conclusions with the literature.					
4.6 Collects additional data as required.					
4.7 Identifies nursing diagnosis for subsystems in terms of coping behaviours demonstrated by the client, and forces and abilities to be manipulated by the nurse.					
D. PLANNING					
5. Sets Priorities					
5.1 Establishes the priority of nursing diagnosis.					
5.2 Validates the order of priorities with the client.					
6. Defining Objectives					
6.1 States objectives in terms of coping behaviours to be demonstrated by the client, conditions under which the behaviours take place and criteria for measuring behaviour.					
6.2 Validates objectives with the client.					

	AE	E	M	U	COMMENTS
7. Formulates Plan of Care					
7.1 Prescribes appropriate nursing orders, applying knowledge of scientific principles and maturational stages.					
7.2 Determines the sequence of nursing orders.					
7.3 Validates nursing orders (e.g. with clients, colleagues, literature and instructor).					
7.4 Demonstrates ability to organize nursing care.					
E. IMPLEMENTATION					
8. Demonstrates Competence in Performing Selected Nursing Activities					
8.1 Demonstrates efficient use of time and energy.					
8.2 Manipulates equipment and materials with increasing confidence and efficiency.					
9. Teaches Client to Develop Cognitive and Executive Abilities					
9.1 Identifies a specific learning need of the client.					
9.2 Manipulates forces to facilitate learning.					
9.3 Provides learning experiences which are realistic for the individual and his resources.					
9.4 Takes appropriate action on the basis of evaluation of learning outcomes.					
10. Demonstrates Accountability					
10.1 Performs nursing care within the policies of the institutions.					
10.2 Initiates nurse-client relationships appropriately.					
10.3 Maintains a working nurse-client relationship.					
10.4 Terminates nurse-client relationship effectively.					
10.5 Makes use of learning opportunities to promote own professional growth.					

F. EVALUATION	AE	E	M	U	COMMENTS
11. Evaluates the Effectiveness of Own Performance During Each Phase of the Nursing Process					
11.1 Determines if data collected is adequate, accurate and appropriate for the client.					
11.2 Determines if data analysis is adequate, accurate and appropriate for the client.					
11.3 Determines if client objectives are achieved.					
11.4 Determines if nursing orders are achieved.					
11.5 Recommends specific modifications for nursing care plans.					
11.6 Recognizes effectiveness of own performance.					

C. Hammond
Dec. 81

THE UNIVERSITY OF BRITISH COLUMBIA SCHOOL OF NURSING

Nursing 201 1982 - 1983

Guide to the Use of the Clinical Evaluation Tool

The clinical evaluation tool in second year consists of general behavioural objectives and a rating scale. The general clinical objectives are broken down into sub-objectives to further describe expected student behaviour. Each general objective in the tool is assigned a mark out of 60. The rating scale is used to evaluate student progress on each general objective.

The completed evaluation consists of:

1. The N.201 Clinical Evaluation Tool with faculty comments, a score for each general objective and a final grade out of 60.
2. Student self-evaluation with comments. These forms will be placed in the student's file.

Clinical performance will be evaluated on the basis of the following:

1. Performance in the clinical setting.
2. Clinically-related assignments as requested by the faculty member such as nursing care plans, teaching plans and interaction recordings.

PD August 1979
Revised LT October 1980
Revised EW July 1981
Revised EW/nu July 1982

Rating Scale

The ratings are grouped into four levels of performance. Each level of performance has a range of ratings.

The student is assigned a rating for each specific objective. This is done in three steps.

1. The teacher reviews the collected data (anecdotal notes, clinically-related written assignments, student's self-evaluation).
2. The teacher identifies the student's level of performance (superior, acceptable, pass, failing).
3. Within the assigned level of performance, the teacher selects the most appropriate rating out of the possible mark assigned to each objective. Ratings are based on the grading procedure outlined in the University Calendar, pp. 15, 56.

The ratings are considered in the context of the student's experience in the classroom, seminars, the clinical area and in laboratory activities.

Superior performance (Ratings - 80% or over out of the designated mark of an objective).	- Student meets objective consistently in a self-directed manner. - Requests teacher guidance skillfully. - Consistently demonstrates appropriate initiative in meeting the objective. - Demonstrates application of knowledge. - Consistently and independently examines own performance.
Acceptable performance (Ratings - 65% - 79% out of the designated mark of an objective)	- Student meets objective consistently. - Requires only periodic teacher guidance. - Frequently demonstrates appropriate initiative - Demonstrates application of knowledge.
Pass performance (Ratings - 60% - 64% out of the designated mark of an objective)	- Student meets the objective. - Requires frequent teacher guidance. - Has difficulty demonstrating initiative in meeting the objective. - Demonstrates inconsistent application of knowledge. - Requires assistance to examine own performance.
Failing performance (Ratings - 59% or below out of the designated mark of an objective)	- Student does not meet objective and is unable to practice safely. - Requires intensive teacher guidance. - Does not demonstrate initiative in meeting objective. - Demonstrates inadequate knowledge. - Demonstrates inadequate insight.

Marks Allocated for Each Clinical Objective

Objectives	Possible Marks out of 60	
	Medical-Surgical	Psychiatry
A. Assess patients	9	9
B. Plans nursing care	4	4
C. Implements the nursing care plan.		
1. Organizes nursing care assignment.	3	3
* 2. Provides safe and comfortable care.	13	13
3. Demonstrates psychomotor skill.	4	0
4. Relates effectively.	5	7
5. Teaches patients.	4	4
6. Evaluates nursing care.	3	3
* D. Demonstrates accountability and responsiblity	13	13
E. Functions as a health team member	2	4

* Indicates a critical objective, that is, a behaviour crucial to professional clinical practice.

Definition of a Critical Objective:

> A CRITICAL OBJECTIVE IS DEFINED AS AN OBJECTIVE WHICH MUST BE MET AT A PASSING LEVEL. A LACK OF ACHIEVEMENT OF A CRITICAL OBJECTIVE WILL RESULT IN FAILURE.

Revised July 1982
EW/nu

THE UNIVERSITY OF BRITISH COLUMBIA SCHOOL OF NURSING
Nursing 201

PERCENTAGE BREAKDOWN OF POSSIBLE MARKS
CLINICAL EVALUATION TOOL

Total mark for objective	3	4	5	6	7	8	9	10	11	12	13
Failing performance 59% or below	% .5=16 1 =33 1.5=50	% .5=12 1 =25 1.5=38 2 =50	% .5=10 1 =20 1.5=30 2 =40 2.5=50	% .5= 8 1 =16 1.5=25 2 =33 2.5=42 3 =50 3.5=58	% .5= 7 1 =14 1.5=21 2 =28 2.5=36 3 =43 3.5=50 4 =57	% .5= 6 1 =12 1.5=19 2 =25 2.5=31 3 =38 3.5=44 4 =50 4.5=56	% .5= 5 1 =11 1.5=17 2 =22 2.5=28 3 =33 3.5=39 4 =44 4.5=50 5 =55	% .5= 5 1 =10 1.5=15 2 =20 2.5=20 3 =30 3.5=35 4 =40 4.5=45 5 =50 5.5=55	% .5= 4 1 = 9 1.5=14 2 =19 2.5=20 3 =27 3.5=30 4 =36 4.5=40 5 =45 5.5=50 6 =55	% .5= 4 1 = 8 1.5=12 2 =18 2.5=20 3 =25 3.5=29 4 =33 4.5=38 5 =42 5.5=46 6 =50 6.5=54 7 =58	% .5= 4 1 = 8 1.5=12 2 =15 2.5=19 3 =23 3.5=27 4 =31 4.5=35 5 =38 5.5=42 6 =46 6.5=50 7 =54 7.5=58
Pass performance 60-64%		2.5=62	3 =60		4.5=64	5 =63	5.5=61	6 =60	6.5=60 7 =63	7.5=63	8 =62
Good performance 65-79%	2 =66	3 =75	3.5=70	4 =66 4.5=75	5 =71 5.5=78	5.5=69 6 =75	6 =66 6.5=72 7 =78	6.5=65 7 =70 7.5=75	7.5=68 8 =72 8.5=77	8 =67 8.5=71 9 =75 9.5=79	8.5=65 9 =69 9.5=73 10 =77
Superior performance 80-100%	2.5=83 3 =100	3.5=87 4 =100	4 =80 4.5=90 5 =100	5 =83 5.5=91 6 =100	6 =86 6.5=93 7 =100	6.5=81 7 =88 7.5=94 8 =100	7.5=83 8 =89 8.5=94 9 =100	8 =80 8.5=85 9 =90 9.5=95 10 =100	9 =80 9.5=86 10 =90 10.5=95 11 =100	10 =83 10.5=87 11 =96 11.5=96 12 =100	10.5=81 11 =84 11.5=88 12 =92 12.5 =96 13 =100

N.201 CLINICAL EVALUATION TOOL 1982 - 1983

Student's Name: ____________

Clinical Placement: ____________

Dates of Clinical Experience: ____________

Agency: ____________

Clinical Hours Missed: ____________

Assignments Completed: ____________

CLINICAL OBJECTIVES	Possible Mark	Mark	COMMENTS
A. Assesses patients	9		
B. Plans nursing care	4		
C. Implements the nursing care plan 1. Organizes nursing care assignment	3		
* 2. Provides safe and comfortable care	13		
3. Demonstrates psychomotor skill	4		

GENERAL OBJECTIVES*	Possible Mark	Mark	COMMENTS
4. Relates effectively	5		
5. Teaches patients	4		
6. Evaluates nursing care	3		
D. Demonstrates responsibility and accountability	13		
E. Functions as a health team member	2		
TOTAL	60		

* indicates critical objectives

Student's Signature: ______________________________

Please refer to attached sheet for Breakdown of Clinical Objectives

Total Clinical Mark: ____________/60

Faculty Signature: ______________________

Date: ______________________

Revised July 1981 EW
1982 /nu

N.201 Clinical Objectives 1982 - 1983

1. Knows specific facts about selected nursing assessment skills used with an individual experiencing loss and its consequences.
   1.1 Defines terminology pertinent to the selected nursing assessment skills.
   1.2 Identifies for selected assessment skills, common deviations from the normal state of the individual.

2. Understands selected nursing assessment skills.
   2.1 Describes findings obtained.
   2.2 Distinguishes between normal and abnormal findings.
   2.3 Infers the significance of the findings.

3. Collects relevant data systematically for individuals experiencing loss.
   3.1 Utilizes pertinent sources.
   3.2 Identifies positive and negative forces.
   3.3 Identifies coping behaviours.
   3.4 Describes cognitive and executive abilities.
   3.5 Identifies evidence of goal achievement.

4. Interprets relevant data
   4.1 States the nursing diagnosis in terms of a coping behaviour and the variables to be manipulated.
   4.2 Relates forces, cognitive and executive abilities to the nursing diagnosis.
   4.3 Justifies the nursing diagnosis based upon the analysis of the data.
   4.4 Establishes priority among nursing diagnoses to guide the sequencing of nursing intervention.

5. Plans nursing care directed at prevention or resolution of patient problems.
   5.1 States objectives in terms of coping behaviours to be demonstrated by the individual.
   5.2 Designs a nursing care plan which makes explicit the nursing intervention.
   5.3 Writes nursing orders in terms of precise action to be taken by the nurse.
   5.4 Relates nursing research findings to the plan of care where appropriate.

6. Demonstrates ability to organize own nursing care assignment.
   6.1 Sets priorities appropriately with selected patients.
   6.2 Develops a plan of care which considers priorities, patient needs, time factors and other variables.
   6.3 Completes patient care activities within an appropriate time period.
   6.4 Seeks validation of decisions made with faculty member and/or health team member.

7. Demonstrates psychomotor skills in the provision of patient care.
    7.1 Performs tasks with economy of time and movement.
    7.2 Maintains patient safety and comfort.
    7.3 Uses aseptic technique when giving nursing care.
    7.4 Recongizes errors in own performance.
    7.5 Manipulates equipment and materials with dexterity.
    7.6 Relates knowledge of scientific principles to skill performance.

8. Relates therapeutically with individuals experiencing loss.
    8.1 Sets goals for the nurse-patient relationship.
    8.2 Recognizes phases of the nursing-patient relationship.
    8.3 Manipulates forces to create and maintain an environment conducive to communication.
    8.4 Recognizes non-verbal cues.
    8.5 Uses a variety of techniques and approaches to achieve set goals.

9. Relates effectively with peer group and health team members.
    9.1 Participates in group discussion.
    9.2 Contributes to the plan of care.
    9.3 Seeks feedback as a group member.
    9.4 Communicates in a clear and concise manner.
    9.5 Shares experiences and observations with others.

* 10. Applies principles of safety and comfort when giving nursing care.
    10.1 Manipulates forces to promote patient safety and comfort.
    10.2 Maintains aseptic technique in nursing interventions.
    10.3 Maintains safety of the patient's environment.
    10.4 Recognizes errors in the application of principles of safety and comfort.
    10.5 Ensures adequacy of own knowledge prior to beginning patient care.

11. Applies principles of teaching and learning with selected individuals.
    11.1 Assesses the learner's readiness to learn.
    11.2 Provides learning experiences which promote accurate perception.
    11.3 Manipulates forces to facilitate learning.
    11.4 Provides reinforcement of desired learning.
    11.5 Evaluates the effectiveness of teaching in achieving learning outcomes.

12. Evaluates the effectiveness of the nursing care provided.
    12.1 Collects data for evaluation from a variety of sources.
    12.2 Assesses response of the patient to nursing care.
    12.3 Compares observations with patient objectives.
    12.4 Examines conclusions in relation to the nursing diagnosis and plan of care.
    12.5 Modifies nursing care plan as necessary.
    12.6 Documents evaluative information as necessary.

* 13. Demonstrates accountability and responsibility as a learner and as a beginning practitioner.
    13.1 Recognizes significant changes in patient status.
    13.2 Reports patient information clearly and concisely.
    13.3 Documents patient information clearly and concisely.
    13.4 Fulfills responsibilities within designated time period.

- 13.5 Participates in the planning, implementation and evaluation of patient care.
- 13.6 Recognizes extent of own capabilities in performance of delegated tasks and nursing interventions.
- 13.7 Seeks feedback about effectiveness of own performance.

14. Recognizes the influence of the family as a force on the individual experiencing loss.
    - 14.1 Describes the influence of the family as a force.
    - 14.2 Includes the family in planning patient care as appropriate.

* indicates critical objectives.

EW
July 1981
July 1982/nu

UNIVERSITY OF BRITISH COLUMBIA SCHOOL OF NURSING

N.301 - CLINICAL EVALUATION TOOL

Placement: Pediatrics or Maternity

Student: ______________________________

Agencies: ______________________________

Faculty: ______________________________

Dates: ______________________________

Grade: $\frac{\quad}{100}$ = /50. **Hours completed:** /156 (include labs)

SUMMARY COMMENTS (strengths and areas for improvement)

Student

Signature:

Faculty

Signature:

Objective	Maximum Mark	Achieved Mark	Comments
Assessment	16		
Planning	16		
Implementation of Interventions	16		

All objectives are critical objectives.
Please see Clinical Evaluation Guidelines which include directives and definitions.

bjective	Maximum Mark	Achieved Mark	Comments
valuation of Care	16		
Communication	12		
Management	12		
Responsibility and Accountability	12		

J.Hayes Morris/tr
June, 1981
Revised E.Carty/jlm
July, 1982.

UNIVERSITY OF BRITISH COLUMBIA SCHOOL OF NURSING

N.302 - CLINICAL EVALUATION TOOL

Student: ____________________

Agencies: ____________________ Faculty: ____________________

Dates: ____________________ Grade: /30.

INSTRUCTIONS FOR USE

The evaluation of each section should be supported by data obtained by tapes, seminar discussion, home visits, tutorials, performance in the health unit and from ongoing individual records. The student should be able to give examples of selected behaviours.

Input from student self-evaluation will be considered, but the final assignment of marks is a faculty responsibility.

MIDTERM EVALUATION - Week of October 25, 1982. - Progress Evaluation (student gives input to faculty).

FINAL EVALUATION - Week of December 1, 1982. - 30 marks.

CALCULATION:

There are six sections in the tool. The related course objectives are identified in each section. Also included in each section are additional objectives which will be addressed in the evaluative process. Rate each section on a scale of 0 to 15.

$$\text{FINAL MARK} = \frac{\text{Sum of rating in each section}}{3} = \frac{\text{obtained mark}}{30}$$

. . ./2

SUMMARY COMMENTS (strengths and areas for improvement)

Student	Faculty
Signature:	Signature:

. . ./3

SECTION I:	Maximum Mark	Achieved Mark	Comments
Nursing Process	15		
Applies nursing process to individuals in selected maturational stages.			
Assess systematically individuals in selected maturational stages.			
Establishes nursing diagnoses.			
Validates nursing diagnoses with relevant data.			
Utilizes appropriate literature to plan nursing care for clients.			
Ensures implementation of nursing care plan.			
Evaluates effectiveness of plan in terms of patient outcomes.			
SECTION II:			
Loss	15		
Applies concepts of loss, grieving and gain in assisting the individual with behavioural system stability.			
Identifies the stage of grieving process.			
Identifies specific loss(es) and gain(s) which provoked behavioural system imbalance.			
Differentiates between adequate coping behaviours and inadequate coping behaviours.			
Plans care based on the concept of loss and gain.			
Evaluates the achievement of appropriate coping behaviours.			

SUB-TOTAL /30

. . ./4

SECTION III:	Maximum Mark	Achieved Mark	Comments
Maturational Stages	15		
Relates therapeutically on a short-term basis with individuals in selected maturational stages.			
Establishes a climate conducive to effective communication.			
Recognizes the client's feeling and experience.			
Validates interpretations of verbal and overt non-verbal behaviours.			
Recognizes the reciprocal effects of own behaviour and behaviour of others.			
SECTION IV:			
Self-Directed Learning	15		
Assumes responsibility for self-directed learning.			
Identifies own learning needs.			
Identifies resources suited to area of study.			
Selects resources suited to own learning needs.			
Formulates a plan for self-directed learning activities.			

SUB-TOTAL /30

. . ./5

SECTION V:	Maximum Mark	Achieved Mark	Comments
Health Care Team	15		
Appreciates concept of health care team.			
Identifies resources of the health care team.			
Initiates communication with other members of the health team.			
Participates in planning with other members of the health team.			
Shares information appropriately.			
SECTION VI:			
Groups	15		
Contributes to the effectiveness of group activities used to meet course objectives.			
Recognizes forces operating within a working group.			
Communicates ideas and information to the group.			
Invites ideas from other group members.			
Shares in formulating group plans.			
Defends own point of view without violating rights of others.			

SUB-TOTAL /30
TOTAL /90
GRADE = $\frac{\rule{3em}{0.4pt}}{3}$ = /30

A.M.Butler/M.Smith/jlm

UNIVERSITY OF BRITISH COLUMBIA SCHOOL OF NURSING

N.403 EVALUATION OF CLINICAL PERFORMANCE

Placement:

Dates of Experience:

Field Guide:

Name:

Grade:

Faculty Member:

Date of Evaluation:

SUMMARY COMMENTS (strengths and areas for improvement):

Student	Faculty

Signature of Student:

Signature of Faculty Member:

N.403 GUIDE FOR ASSIGNING GRADES TO CLINICAL PERFORMANCE

The objectives for N.403 clinical performance are presented here, along with the maximum obtainable grade for each. Only the main objectives will be graded; sub-objectives are used to aid the collection of data.

N.B. The 7 main objectives describe behaviours which are crucial to professional nursing practice. To achieve a a passing grade, a pass must be obtained in each of the main objectives. Critical objectives are noted by an asterisk (*). These objectives are essential and must be achieved to successfully complete the clinical experience. If a student does not meet a critical objective, or fails to meet a main objective, no marks will be assigned for that objective and a failure will result.

The completed evaluation form calculates to a mark out of 90, to be divided by 2, and entered on the face sheet as a final grade out of 45.

Grade	Student Behaviour
First Class Performance	- Exceeds expectations in assigned situation and requests guidance when necessary.
8-10/10	- Consistently demonstrates initiative and self direction when appropriate.
12-15/15	- Frequently demonstrates creativity.
16-20/20	- Demonstrates application of knowledge and maximizes opportunities for learning.
Second Class Performance	- Meets expectations in assigned situations, requiring only appropriate teacher guidance.
6.5/7.5/10	- Frequently demonstrates initiative and self direction when appropriate.
10/11.5/15	- Demonstrates occasional creativity.
12/15.5/20	- Demonstrates application of knowledge and seeks additional opportunities by learning.
Pass Performance	- Meets expectations in assigned situations. Requires frequent guidance.
6- /10	- Rarely demonstrates initiative in nursing situations.
9-9.5/15	- Demonstrates use of routine nursing approaches.
12-12.5/10	- Demonstrates inconsistent applications of knowledge, seeking opportunities for learning infrequently.
Failing Performance	- Does not meet expectations and requires intensive guidance in assigned situations.
5.5 and below /10	- Does not demonstrate initiative in nursing situations.
8.5 and below /15	- Demonstrates little appreciation of knowledge, rarely seeking opportunities for learning.
11.5 and below /20	- Requires assistance to meet minimum standards of safety and judgement.

N.403 OBJECTIVES TO BE ACHIEVED

	Maximum Grade	Student Grade	Comments
1. Demonstrates skill in the assessment of individuals, families and groups.	15		
1.1 Determines data to be collected.			
* 1.2 Systematically collects essential and relevant data.			
1.3 Assesses family members and the family unit as appropriate.			
1.4 Identifies multiple forces influencing client's behaviour.			
1.5 Systematically examines and interprets data, recognizing relationships among multiple forces.			
1.6 Identifies clients whose health status is at risk.			
1.7 Identifies teaching/learning situations.			
* 1.8 Identifies potential and actual nursing diagnosis.			
1.9 Validates problems with individuals, families and others as appropriate.			
1.10 Uses theory to justify nursing diagnosis.			

	Maximum Grade	Student Grade	Comments
2. Plans interventions based on assessment.	15		
2.1 Determines appropriate "intervention point" for nursing care.			
2.2 Priorizes nursing diagnoses with rationale.			
2.3 Collaborates with client(s) and families in planning: formulates objectives as appropriate.			
2.4 States objectives in behavioural terms, specifying desired outomes.			
* 2.5 Identifies standard interventions.			
2.6 Identifies appropriate teaching strategies and aids for learning.			
2.7 Designs innovative interventions as appropriate.			
2.8 Selects nursing interventions from a range of identified alternatives.			
2.9 Uses theory and research findings in selection of interventions.			
* 2.10 Records care plan according to established criteria.			
2.11 Communicates with appropriate others regarding planned interventions.			

	Maximum Grade	Student Grade	Comments
3. Implements plans of care.	20		
3.1 Applies relevant theories and concepts.			
* 3.2 Relates therapeutically with clients to develop and maintain effective coping behaviours.			
3.3 Utilizes principles of teaching and counselling with individuals, families and groups.			
3.4 Utilizes principles of prevention and health promotion.			
* 3.5 Implements standard nursing actions to promote safety and comfort.			
3.6 Implements innovative nursing actions as appropriate.			
* 3.7 Demonstrates organization in the delivery of nursing care.			
3.8 Utilizes appropriate resources.			
4. Evaluates nursing interventions according to established critiria.	10		
* 4.1 Reviews and records client response to nursing care.			
4.2 Judges degree to which nursing care plan has been met.			
4.3 Modifies plan according to evaluative and/or new data.			

	Maximum Grade	Student Grade	
5. Demonstrates responsibility and accountability in nursing practice.	10		
* 5.1 Meets accepted standards of nursing practice.			
* 5.2 Demonstrates ability to utilize advanced psycho-motor skills.			
* 5.3 Demonstrates judgement in clinical decision-making situations.			
* 5.4 Recognizes own limitations in clinical practice and obtains assistance.			
* 5.5 Demonstrates ability to organize and implement care in complex nursing situations.			
* 5.6 Reports and documents significant client-related data effectively.			
6. Evaluates own professional development.	10		
* 6.1 Recognizes own strengths, limitations and learning needs.			
* 6.2 Seeks consultation and assistance as needed from appropriate persons.			
6.3 Uses opportunities for meeting own learning needs.			
6.4 Recognizes the legal implications of own actions.			
6.5 Designs a creative multi-faceted approach to a complex nursing situation.			

	Maximum Grade	Student Grade	Comments
7. Demonstrates leadership ability with clients, peers and health care colleagues.	10		
7.1 Recognizes application of leadership and management concepts.			
* 7.2 Initiates effective collaboration with members of the health care team.			
7.3 Recognizes opportunities to use collegial or inter-professional groups.			
7.4 Provides group leadership as appropriate.			
7.5 Identifies and substantiates need for change in nursing situations.			

MMurphy/tr
1979
Revised 1980 (HEC & VEHM)
Revised 1981
Revised 1982

VANCOUVER COMMUNITY COLLEGE

LANGARA CAMPUS

NURSING DEPARTMENT

CLINICAL OBJECTIVES AND EVALUATION TOOL

NURSING 138

The student must meet all major objectives and specific sub-objectives in a satisfactory manner consistently by the end of the semester.

A satisfactory grade is given to a student based on the following criteria:

1. Requires occasional explanations of principles, concepts, and procedures.
2. Requires appropriate teacher and staff supervision.
3. Frequently applies the problem-solving process.
4. Frequently demonstrates appropriate initiative in meeting objectives.
5. Frequently applies previously learned knowledge.

Definitions:

FREQUENTLY	- happening at short intervals, often occurring.
OCCASIONALLY	- happening irregularly, coming now and then.
APPROPRIATE	- especially suitable, proper, fit.
CONSISTENT	- marked by regularity, or steady continuity throughout; showing no significant change, unevenness, or contradiction.
INITIATIVE	- ability to originate actions, to initiate desirable steps.

OBJECTIVE

Upon completion of this course, when caring for one or two selected healthy individuals who require the nursing activity of maintenance, the student will:

1.1 Demonstrate caring behaviours

- a. Addresses individuals by name of choice.
- b. Promotes / provides privacy.
- c. Recognizes situations that may require non-observance of privacy.
- d. Acts appropriately on individual's expressed concerns.
- e. Maintains confidentiality unless such information is a threat to the individual's well-being.
- f. Transmits patient information discriminately.
- g. Respects individual's right to make informed decisions.
- h. Encourages individual to voice concerns and to gain information from appropriate resources.
- i. Makes judgements in the best interest of the individual or on his behalf when he is unable to make decisions or to voice concerns for himself.
- j. Gives appropriate, realistic feedback.
- k. Identifies own attitudes, feelings or responses to an individual that may affect care.
- l. Respects the individual's cultural and social practices within the individual's care.
- m. Promotes self-worth of an individual by considering the influence of five factors of culture: socioeconomic status, phase of the life cycle, heredity and environment.

1.2 Apply the knowledge of health and health problems when using the nursing process.

ASSESSMENT

Assesses each need based upon the VCC nursing curriculum framework.

- a. Identifies signs and symptoms by using assessment skills.
- b. Explains the influence of Semester I factors on each need.
- c. Collects information using all data sources.
- d. Identifies patient problems by comparing the data base with expected norms and determining deviations and discrepancies.
- e. Identifies potential patient problems arising from treatment or the normal progress of the condition.
- f. Validates problems with the patient, significant others, or staff.
- g. Assesses individual's ability to participate in care.

OBJECTIVE

PLANNING

Develops nursing care plans for assigned patients.

a. Lists the patient problems.
b. Lists the problems for each patient in order of priority using established principles.
c. States realistic behavioral goals for the problem list.
d. Incorporates known standards of care into the total care plan.
e. Chooses nursing interventions in addition to standards of care most likely to resolve problems.
f. Provides rationale for interventions.
g. Validates plan of care with the patient, significant others or agency resources.
h. Establishes priorities of care.

IMPLEMENTATION

Implements nursing care plans in order of established priorities for individiuals or groups.

a. Involves patient or significant others when implementing care plan.

EVALUATION

Evaluates plan care.

a. Evaluates goal achievement using stated criteria.
b. Evaluates effectiveness of nursing intervention using feedback from patients, significant others or staff, where appropriate.
c. Modifies care plan according to change in status of assigned individuals or in response to ineffective interventions.

1.3 Demonstrate responsibility and accountability.

a. Conducts self according to the policies and guidelines for students in the nursing program and to policies and procedures of specific health care agencies.
b. Maintains recognized standards of care.
c. Questions care contrary to recognized standards of care.
d. Substantiates own level of competence.
e. Acts within own level of competence.

1.4 Communicate effectively.

a. Assesses patient's communication abilities.
b. Interprets verbal and non-verbal cues.
c. Identifies factors which may affect communication.
d. Encourages individuals to express concerns.
e. Relates effectively with others in the work situation.
f. Selects communication techniques purposefully.
g. Uses communication techniques therapeutically.
h. Participates in groups.
i. Adjusts communication to fit needs of the individual.
j. Reports relevant clinical information to the instructor and agency.
k. Communicates effectively and accurately in speech and in writing assignments.

OBJECTIVE

1.5 Perform selected nursing techniques safely.

a. Maintains medical aseptic technique.
b. Demonstrates manual dexterity.
c. Carries out activities to conserve the energy and time of patients and self.
d. Performs nursing techniques accurately.

- range of motion exercises (active and passive)
- body mechanics
- turning and positioning
- use of canes, walkers, wheelchairs
- assisting with transfer
- use of body restraints
- use of footboard, cradles, alternating pressure mattress
- bedmaking - occupied, unoccupied
- assisting with tub bath, shower, bedbath
- skin care
- denture care
- facial shave
- hairwashing
- pericare
- use of bedpan, urinal, commode, condom drainage, catheter care
- medical handwashing
- assisting with feeding
- dressing and undressing
- fire estinguisher locations & fire procedure
- vital signs (temp., pulse, apex, B.P., and resps.)
- CPR Certification from St. John's Ambulance
- oral medications

e. Uses equipment and supplies properly.
f. Promotes physical and emotional comfort of the patient.
g. Demonstrates ability to follow directions.

1.6 Apply principles of learning and teaching.

a. Identifies learning needs of assigned individuals.
b. Identifies factors which may influence ability of assigned individuals to learn.

1.7 Apply principles of organization.

a. Designs a time sequence plan.
b. Uses a time sequence plan.
c. Demonstrates flexibility in modifying the time plan to meet changing priorities and needs.
d. Carries out activities to conserve the energy and time of individuals, self and agency personnel.
e. Completes nursing care activities within a reasonable time span.

1.8 Participate as a member of the health team.

- a. Establishes working relationships with others
- b. Maintains working relationships with others
- c. Accepts direction from appropriate health team member
- d. Assists other health team members to provide care
- e. Uses other health team members to plan care
- f. Uses appropriate channels of communication within the health team
- g. Refers relevant information to appropriate health team member
- h. Recognize situations where change could be implemented
- i. Provides direction to auxiliary nursing staff in organizing care for individuals or groups.

NURSING 250 FINAL EXAM BLUEPRINT

CAMOSUN

APPLICATION OF NURSING PROCESS	COMPREHENSION OF CONCEPTS OF MAJOR STIMULI & INADEQUATE COPING RESPONSES	IPR'S WITH CLIENTS AND FAMILIES	INTEGRATION OF CONCEPTS AND PRINCIPLES OF TEACHING/LEARNING
ANXIETY - 6	2	1	1
Obstruction -4	1	1	1
Degeneration -6	2	1	1
Metabolic Dysfunction -18	4	4	1
Structural Dysfunction -18	4	5	3
Ethics (Professional Seminars) - 1	1		
Medical-Legal Issues - - 1	1		
Health Care Systems - 4	6		

Total of Questions = 100

Level 3

CARIBOO

Quest. No.	New/ Revised	Old/ Revised	Unit	Obj. No.	Recall	Comprehension	Application	
1		old	V	A 1.10	✓			✓
2		old	"	Vocab.	✓			✓
3		old	"	A.19.		✓		✓
4	new		"	B 6.10		✓		[illegible]
5	new		"	B 6.8	✓			[illegible]
6	new		"	A 5.4 B 6.8	✓			[illegible]
7	new		"	A.5.4 B 6.8		✓		
8		← new	"	5.7 6.8	✓			✓
9		← new	"	5.7 6.8		✓		[illegible]
10		← new	"	5.7 6.8	✓			✓
		← new.	"	6.5.1		✓		✓
12		old revised	"	6.8		✓		[illegible]
13		old revised	"	6.5.1		✓		[illegible]
14	✓		"	4.20	✓			
15	✓			[illegible]		✓		

OKANAGAN COLLEGE DIPLOMA NURSING PROGRAM

EXAM BLUEPRINT

for NURSING 311
MIDTERM #1 - 1982

Content	Lecture Hours	Number of Questions	Ins tor
CRISIS INTERVENTION - Mental Status Asss.	@ 4	8	
COMPLICATIONS OF an MI	@ 5	19	
MULTIPLE TRAUMA (includes chest drainage, & tracheostomy care)	@ 6	15	
Head and Spinal Injury	@ 5	18	
Assessment of Multiproblem patient	@ 2	integrate into case situations of other problems	
Totals		60	

TABLE 24 - SUMMARY OF FOUR GROUPS OF SELECTED ESSENTIAL MANUAL SKILLS FOR EACH PROGRAM

Essential Manual Skill	Classification of skill	CAMOSUN		CARIBOO		OKANAGAN		U.B.C.		V.C.C.	
		Semester Skill Learned	Expected Level of Performance Upon Graduation Using RNABC Level of Performance Scale	Semester Skill Learned	Expected Level of Performance Upon Graduation Using RNABC Level of Performance Scale	Semester or Year Skill Learned	Expected Level of Performance Upon Graduation Using RNABC Level of Performance Scale	Year Skill Learned	Expected Level of Performance Upon Graduation Using UBC Level of Performance Scale (all age groups in the hospital and community)	Semester Skill Learned	Expected Level of Performance Upon Graduation Using VCC Level of Performance Scale
A. DO PHYSICAL ASSESSMENT TECHNIQUES											
A1 Take vital signs	Core	1	3	1	3	1	3	1	4	1	5
A2 Measure height & weight	Core	1	4	1	3	1	3	1	(head Circumference and abd girth	adult 3infants	5 5 3
A3 Take apical rate	Core	1	3	1	3	1	3	1	4	1	5
A4 Assess tissue turgor	Core	1	3	2	3	1	2	1	4	1	?
A5 Do neurological assessment	Core	2	3	4	3	2nd yr	2	1	3	5	4
A6 Do circulatory assessment	Core	1	3	1	3	1+2nd yr	2	1	4	1 B/P 5	5 3
A7 Auscultate for breath sounds	Core	2	2	1+4	2	2nd yr,5	2	1	4	5	?
A8 Auscultate for bowel sounds	Core	2	3	2	2	2nd yr.	2	1	4	1	-
A9 Palpate for distention	Core	2	3	3	2	2nd yr.	2	1	4	3	-
A10 Time contractions	Spec	2	2	3	3	2	2	2	2	3	2
A11 Palpate fundus	Spec	2	2	3	3	2	2	3	2	5	3
A12 Take F.H.R.	Spec	2	2	3	3	2	2	3	4	3	2
A13 Assess breast engorgement	Spec	2	2	3	3	2	2	3	4	3	3
A14 Do physical exam of newborn	Spec	2	2	3	1	2	1	2	2	3	3
A15 Measure discharge	Core	1	3	3	3	1	3	1	4 (assess hydration+D11	1	?
A16 Do breast examination	Core	2	2	3	2	1	2	1	4	1	?
A17 Check for muscle tone	Core	1	3	3	2	2nd yr.	2	1	3	1	?
A18 Ausculate for heart sounds (normal)	Core	-	-	1+4	-	-	-	2	2	-	-
D. MAINTAIN FLUID AND NUTRITIONAL BALANCE											
D1 Prepare patient for meals	Core	1	4	1	3	1	3	1	4	1	?
D2 Feed patients	Core	1	4	1	3	1	3	1	4	1	5
D3 Feed infants	Spec	2	2	3	3	2	2	3	4	3	3
D4 Measure intake and output	Core	1	4	1	2	2nd yr.	3	1	4	5	?
D5 Gavage patient (not infants)	Core	2	2	2	3 (not infants)	2 2nd yr.	2 (not infants)	2	2	4	3
D6 Maintain IV's	Core	2	3	2	3	2, 2nd	2			2	4
D7 Assist mother to breast feed baby	Spec	2	3	3	3	yr 2	2			3	3
D8 Total parental nutrition	Spec	-	-	6	1 (maintian)	-	-	4	2 (as per hospital policy)	-	-
D9 Blood administration	-	-	-	-	-	-	-	4	3	4	3

Essential Manual Skill	Classification of skill	CAMOSUN		CARIBOO		OKANAGAN		U.B.C.		V.C.C.	
		Semester Skill Learned	Expected Level of Performance Upon Graduation Using RNABC Level of Performance Scale	Semester Skill Learned	Expected Level of Performance Upon Graduation Using RNABC Level of Performance Scale	Semester or Year Skill Learned	Expected Level of Performance Upon Graduation Using RNABC Level of Performance Scale	Year Skill Learned	Expected Level of Performance Upon Graduation Using UBC Level of Performance Scale (all age groups in the hospital and community)	Semester Skill Learned	Expected Level of Performance Upon Graduation Using VCC Level of Performance Scale
E. **ADMINISTER MEDICATIONS:**											
E1 Give oral medications	Core	2	3	2	3	2	3	1	4	1	5
E2 Prepare medications for administration	Core	2	3	2	3	2	3	1	4	1	5
E3 Instill eye drops & ointments	Core	2	2	3	2	2	2	1	4	2	3
E4 Apply topical medications	Core	2	3	2	3	2	3	1	4	2	4
E5 Instill nose & ear drops and ointments	Core	2	2	3	2	2	2	1	4	2	3
E6 Insert injections. Suppositories	Core	2	3	2	3	1 & 2	3	1	4	2	4
E7 Give injections	Core	2	3	2	3	2	3	2	2	2	5
E8 Adminster I.V. meds into established I.V. or infusor	Core	3	3	3	2	2nd yr.	2	2	3	4	3
E9 Administer medication by inhalation	Core	2	2	3	2	2	2	2	2	3	?
E10 Give medicated baths and shampoos	Core	2	4	2	3	1	3	?	?	2	?
E11 Administer meds through IV (tubing and HEPARIN lock)	-	-	6	2	-	-	-	-	-	4	2
F. **CARRY OUT ASEPTIC PROCEDURES:**											
F1 Scrub hands for sterile procedures	Core	2	3	2	3	2nd yr.	3	1	4	3	5
F2 Put on sterile gown	Core	2	3	4	3	2nd yr.	3	N/A	N/A	3	N/A
F3 Put on sterile gloves (open & closed technique)	Core	2	3	2	3	2nd yr.	3	1	3	3	5
F4 Gown & glove another person	Core	2	3	4	3	2nd yr.	3	N/A	N/A	N/A	N/A
F5 Do sterile draping	Core	2	3	2	3	2nd yr.	3	2	3	3	5
F6 Set up and add to a sterile field	Core	2	3	2	3	2nd yr.	3	1	3	3	5
F7 Pour sterile solutions	Core	2	3	2	3	2nd yr.	3	1	3	3	5
F8 Unwrap & re-wrap sterile supplies	Core	2	3	2	3	2nd yr.	3	1	3	3	5
F9 Change dressings (simple, dry)	Core	2	3	2	3	2nd yr.	3	2	3	3	5

		CAMOSUN		CARIBOO		OKANAGAN		U.B.C.		V.C.C.	
Essential Manual Skill	Classification of skill	Semester Skill Learned	Expected Level of Performance Upon Graduation Using RNABC Level of Performance Scale	Semester Skill Learned	Expected Level of Performance Upon Graduation Using RNABC Level of Performance Scale	Semester or Year Skill Learned	Expected Level of Performance Upon Graduation Using RNABC Level of Performance Scale	Year Skill Learned	Expected Level of Performance Upon Graduation Using UBC Level of Performance Scale (all age groups in the hospital and community)	Semester Skill Learned	Expected Level of Performance Upon Graduation Using VCC Level of Performance Scale
F10 Change dressings with drains	Core	2	3	3	3	2nd yr.	2	2	3	4	3
F11 Shorten or remove drains and packing	Core	2	3	3	3	2nd yr.	2	2	3	4	3
F12 Remove sutures and clamps	Core	2	3	3	3	2nd yr.	2	2	3	4	3
F13 Irrigate wounds	Core	3	2	?	2	2nd yr.	2	2	2	4	2
F14 Apply sterile compresses and soaks	Core	2	2	2	2	2nd yr.	2	2	3	4	?
F15 Insert wound packing	Core	3	1	?	1	5	1	2	3	4	?
F16 Do sterile trach care (dressing, cleaning, suctioning)	Core	3	1	5	1	2nd yr.	1	4	1	5	2
F17 Inset & remove urethral catheter (all)	Core	2	2	4	2	2nd yr.	2	2	4	4	2
F18 Irrigate bladder (continuous, intermittent)	Core	2	2	2	2	2nd yr.	2	2	2	2	?
F19 Do catheter care	Core	2	3	2	3	2nd yr.	3	1	4	1	5
F20 Start I.V.	Core	N/A	N/A	6	1	5	1	2 prepare equipment for establishment of I.V.	2	N/A	N/A
F21 Discontinue I.V.	Core	2	3	2	3	2nd yr.	3	2	3	2	?
F22 Chest tube & draingage								4	2	5	2

UNIVERSITY OF BRITISH COLUMBIA

In developing this document, the Skills Committee relied extensively on Essential Manual Skills for a New Graduate, a guide for schools of nursing and employing agencies prepared by the Registered Nurses' Association of B.C.[1] This R.N.A.B.C. Report identified 10 major categories of manual skills that are required by new graduates. The Skills Committee added one category to this list - "Record and Report". Therefore, this curriculum guide shows 11 categories of basic procedural nursing skills.

A. Do Physical Assessment Techniques
B. Administer Personal Hygiene
C. Provide Comfort Measures
D. Maintain Fluid and Nutritional Balance
E. Administer Medications
F. Carry Out Aseptic Procedures
G. Carry Out Procedures
H. Assist with Procedures
I. Manipulate, Operate and Care for Equipment
J. Ambulate and Transport Patients
K. Record and Report.

In this document, under each of the preceding major categories, there is a list of the specific skills taught in the baccalaureate program.

The Skills Committee, although initially utilizing the four levels of performance used by the RNABC in its report,[2] gradually changed these levels to fit more precisely with the Committee's suggested expectations for U.B.C. student nurses. The four levels of performance finally selected were as follows:

1. Can perform this procedure with constant supervision and requires additional teaching.

2. Can perform this procedure with periodic supervision or can perform this procedure without supervision, but requires additional teaching.

3. Can perform this procedure satisfactorily without supervision.

4. Can perform this procedure satisfactorily without supervision and is able to teach it to others.

ASSESSED ACCORDING TO THE FOLLOWING CRITERIA:

1. Safety of patients, self, and others -
   e.g. - general safety precautions
   - good body mechanics.

2. Aseptic techniques -
   e.g. - medical or surgical asepsis
   - handwashing before and after procedures.

3. Management of Nursing Care -
   e.g. - organization
   - use of the nursing process
   - use of the U.B.C. Model.
4. General comfort measures -
   e.g. - providing privacy for patient
   providing a comfortable environment.

5. Judgement and acceptance of responsibility -
   e.g. - use of decision-making skills
   - consideration of legal and ethical issues
   - verifying Doctor's orders
   - knowing hospital policies and procedures.

6. Communication -
   e.g. - appropriate therapeutic interaction with patient and family
   - appropriate consultation with health professionals.

7. Teaching -
   e.g. - patient preparation, support and follow-up
   - family preparation, support and follow-up.

8. Motor skill -
   e.g. - dexterity in performance
   - speed in performance.

9. Recording and Reporting -
   e.g. - appropriate recording of procedures and results
   - appropriate reporting of pertinent data.

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[1] Registered Nurses' Association of British Columbia. Essential Manual Skills for a New Graduate. Vancouver, RNABC, June 1978.

[2] Ibid. p. 7.

As well, there are certain factors that students are expected to know when performing each procedural nursing skill. The following outline [3] will serve as a guide for students and teachers:

1. Definition and Purposes of Nursing Procedure
2. Contraindications and Cautions
3. Patient - Family Teaching Points
4. Pre-Procedure Activities
   - Preliminary Patient Assessment
   - Preliminary Planning
   - Equipment
   - Preparation of Patient
5. Procedure
   - Suggested Steps Rationale
6. Post-Procedure Activities
7. Aftercare of Equipment
8. Chart/Report
9. Final Patient Assessment

Now to the Skills . . . .

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[3] K.C. Sorensen and U. Luckmann. Basic Nursing: A Psychophysiologic Approach. W.B. Saunders Co., Toronto, 1979.

SKILL	CONTENT Year 1	Theory	Lab	Clinical	Level	CONTENT Year 2	Theory	Lab	Clinical	Level	CONTENT Year 3	Theory	Lab	Clinical	Level	CONTENT Year 4	Theory	Lab	Clinical	Level
A. CARRY OUT PHYSICAL ASSESSMENT TECHNIQUES	The Well Adult and the Institutionalized Elderly					The Hospitalized Adult					The Well and Hospitalized Infant and Child The Pregnant and Postnatal Mother					All Age Groups in the Hospital and Community				
A1. Take vital signs.	1. Organize for taking vital signs of adult.				2					2	Organize for taking vital signs of infant and child.				4					4
	2. Assess pulse and note character e.g., rate rhythm quality.				2	Note abnormal pulses and assess for reasons				2	Measure fetal heart rate and note character.				3					4
	3. Know pulse sites e.g., radial apical femoral dorsalis pedis carotid temporal popliteal.				2	Note differences between apical and radial pulse rates.				2	Assess infant apical rate and note character.				3					4

Nancy W.
Lab. Demo

VANCOUVER COMMUNITY COLLEGE

Langara

Composite Outline of Skills in the Nursing Program

Draft

September, 1982

Introduction

Following is a composite outline of skills taught in each semester of the Nursing Program, V.C.C., Langara. It demonstrates the levels of skill performance expected of the student as he/she progresses through the program.

This outline has been developed to assist faculty and students in the teaching and learning of psychomotor skills. It is hoped that it will promote:

a) consistency in the learning of skills by students in each semester of the program

b) consistency of skill performance evaluation

c) student independence in achieving and maintaining expected skill performance levels throughout the program

Five different levels of performance as described by Dave[1] are used. These are:

LEVEL OBJECTIVES[2] FOR PSYCHOMOTOR SKILLS

P1:	Imitation -	Repeats or imitates a skill in a general, sometimes imperfect fashion.
P2:	Manipulation -	Performs a skill according to instructions, or by following an established outline or guide.
P3:	Precision -	Independently performs a skill with a high degree of accuracy.
P4:	Articulation -	Completes performance of a skill with dexterity, accuracy, and within a reasonable period of time.
P5:	Naturalization -	Completes performance of a skill in a smooth and automatic manner as an integral part of the overall care of the patient.

---

[1] Dave, R.H. Psychomotor Levels in Developing and Writing Objectives. Tucson, Arizona: Educational Innovators Press, 1970.

[2] Adapted from Reilly, D.E., Behavioral Objectives - Evaluation in Nursing. New York: Appleton-Century-Crofts, 1980.

OPERATIONAL DEFINITIONS OF EACH LEVEL WITH EXAMPLES

LEVEL	DEFINITION	FURTHER DESCRIPTION	EXAMPLE
P1: IMITATION	Repeats or imitates a skill in a general, sometimes imperfect fashion.	Student must observe the skill. Student can then imitate and later repeat observed actions.	After a demonstration, the student can repeat the steps in the taking of a B.P.
P2: MANIPULATION	Performs a skill according to instructions, or by following an established outline or guide.	Student is able to perform a skill using verbal or written directions rather than repeating an observed action.	Having become familiar with the equipment, the student can go through the steps in the taking of a B.P. using a written set of guidelines or following verbal directions.
P3: PRECISION	Independently performs a skill with a high degree of accuracy.	Student no longer requires verbal or written directions and performs the skill independently. Performance is accurate and errors are minimal.	Following sufficient practice, the student can independently complete the taking of an accurate B.P.
P4: ARTICULATION	Completes performance of a skill with dexterity, accuracy, and within a reasonable period of time.	Student can coordinate factors that bear directly on the completion of the skill.	Following additional experience, performance of the skill becomes more organized, quicker, and less disjointed.
P5: NATURALIZATION	Completes performance of a skill in a smooth and automatic manner as an integral part of the overall care of the patient.	Student no longer has to focus on performance of the skill. It is routinized, automatic and spontaneous and is carried out in response to the total needs of the patient.	Student is now able to carry out the taking of a B.P. without conscious thought. B.P. taking is only one of several activities in a planned sequence of patient care.

Using the Skills Outline As a Learning/Evaluation Tool.

1. Each student will be given a copy of the skills outline which he/she will keep throughout the program. This will be the only copy.

2. Initial teaching of new skills is provided within appropriate semesters.

3. Each student will have opportunities to practice skills with supervision and is encouraged to practice as much as necessary prior to being assessed. N.B. Certain skills will require instructor supervision at all times in the clinical area. Such skills will be identified each semester.

4. The student and instructor will decide on a reasonable and mutually convenient time for evaluation of skill performance.

5. During the evaluation of skill performance, the student will be expected to complete the skill unaided.

6. When the student has satisfactorily completed a skill, the instructor will initial the appropriate area on the skill outline sheet.

7. The student is required to maintain previously evaluated skills at the level required for each semester. The student is encouraged to use the nursing laboratory and to seek clinical opportunities to ensure that these skill levels are maintained. Skills may be assessed at any time by the instructor. e.g., clinical spot-checks.

Student Responsibilities

The student is responsible for achieving the designated level of psychomotor skills as indicated for each semester by:

1. independently seeking opportunities to maintain psychomotor skill level through clinical or laboratory experiences.

2. independently seeking opportunities to increase psychomotor skill level through clinical or laboratory experiences.

3. establishing with the clinical instructor the appropriate timing for personal demonstration of required psychomotor skill level.

4. informing the clinical instructor of his/her progress re: psychomotor skill levels at bi-weekly meetings.

5. obtaining appropriate signatures upon demonstration of psychomotor skill level.

Faculty Responsibilities

Faculty members are responsible for:

1. understanding the operational definitions of each of the skill levels.
2. interpreting/clarifying skill levels to students and agencies.
3. ensuring updated written procedures exist for all skills.
4. providing students with opportunities to learn each skill. These may be clinical experiences, simulations or demonstrations and may occur in a variety of settings.
5. assessing and evaluating student skill performance.
    a) Priority/emphasis is given to:
        i) new skills being learned within the semester
        ii) skills changing levels within the semester
        iii) skills being maintained at a previously achieved level
    b) Methods of evaluating student skill performance will be decided by each semester and may include such things as:
        - direct observation (new skills)
        - data from students, peers, RN's, lab demonstrator, etc.
        - clinical spot-checks
6. signing the student's skill outline when required performance level is achieved.
7. discussing the student's skill performance progress at bi-weekly interviews as needed.

CATEGORIES OF PSYCHOMOTOR SKILLS *

A. Ambulation and Transportation
B. Comfort Measures
C. Fluid and Nutritional Balance
D. Medications
E. Personal Hygiene
F. Physical Assessment Techniques
G. Procedures - Aseptic
H. Procedures - Assist with
I. Procedures - Carry Out

* Adapted from RNABC competency list, 1981.

PSYCHOMOTOR SKILLS

LEVEL OBJECTIVES

Level 1: Imitation - Repeats or imitates a skill in a general, sometimes imperfect fashion.

Level 2: Manipulation - Performs a skill according to instructions, or by following an established outline or guide.

Level 3: Precision - Independently performs a skill with a high degree of accuracy.

Level 4: Articulation - Completes performance of a skill with dexterity, accuracy, and within a reasonable period of time.

Level 5: Naturalization - Completes performance of a skill in a smooth and automatic manner as an integral part of the overall care of the patient.

Semester Level Skills	I	II	III	IV	V	VI
A. Ambulation & Transportation						
1. Exercises-Active & Passive	*P_2	P_2	P_3	P_4	P_4	P_5
2. Aids to Ambulation -canes, W/C, walkers	*P_2	P_3	P_3	P_4	P_4	P_5
3. Transferring -to bed, chair, commode	*P_2	P_3	P_3	P_3	P_4	P_4
4. Turning and positioning	*P_2	P_3	P_3	P_4	P_4	P_4

B. Comfort Measures						
1. Back rub - give	*P_3	P_3	P_4	P_5	P_5	P_5
2. Beds - make and change	*unocc. P_3	P_5	P_5	P_5	P_5	P_5
	occ. P_2	P_2	P_2	P_3	P_4	P_4
3. Special Skin care to pressure areas	*P_3	P_3	P_3	P_4	P_5	P_5

* Indicates Semester in which the skill is taught in the lab.

Semester Level Skills	I	II	III	IV	V	VI
C. Fluid & Nutritional Balance						
1. Feeding Adults	*P_3	P_3	P_4	P_5	P_5	P_5
Infants			*P_2	P_2	P_3	P_3
2. I.V. Maintenance		*P_2	P_2	P_3	P_4	P_4
3. Tube feeding -give				*P_1	P_2	P_3
4. N/G tube insertion				*P_1	P_2	P_2
5. Blood Transfusion care				*P_2	P_2	P_3

D. Medications						
1. Oral Meds	*P_2	P_2	P_3	P_4	P_5	P_5
2. Injections - S.C., I.M.		*P_2	P_2	P_3	P_4	P_5
3. ALTERNATE ROUTES Eye, Ear, Nose		*P_2	P_2	P_2	P_2	P_3
Topical, suppositories, enemas		*P_2	P_3	P_4	P_4	P_4
4. MEDS Buretrol, Minibags				*P_2	P_3	P_3
I.V. Push, Heparin Lock				*P_2	P_2	P_2

Semester Level Skills	I	II	III	IV	V	VI
E. Personal Hygiene						
1. Bed bath, skin care	*P_3	P_4	P_4	P_5	P_5	P_5
2. Bath, baby			*P_2	P_2	P_3	P_3
3. bedpans, urinals - give	*P_3	P_4	P_4	P_5	P_5	P_5
4. Oral Hygiene	*P_3	P_4	P_4	P_5	P_5	P_5
5. MATERNITY SKILLS Breast care, cord care, perineal care, diaper change			*P_3	P_3	P_3	P_3
F. Physical Assessment Techniques						
1. T.P.R.	*P_3	P_4	P_4	P_5	P_5	P_5
2. B.P.	*P_2	P_3	P_3	P_4	P_5	P_5
3. O_2 Assessment - Breath sounds, circulatory assessment					*P_3	P_3

Semester Level Skills	I	II	III	IV	V	VI
F. (Continued)						
4. MATERNITY Palpate Fundus			*P_3	P_3	P_3	P_3
Fetal heart rate time contractions			*P_2	P_2	P_2	P_2
5. Height & weight measurement — Adults	*P_4	P_5	P_5	P_5	P_5	P_5
Infants			*P_3	P_3	P_3	P_3
6. Basic Neuro Assessment					*P_3	P_4
7. Infant physical exam			*P_2	P_2	P_3	P_3

G. Procedures - Aseptic						
1. TUBE CARE catheter	*P_2	P_3	P_3	P_4	P_4	P_5
I.V., N/G, O_2		*P_2	P_2	P_3	P_4	P_5
2. Dressing change - simple, dry, gloving			*P_3	P_3	P_4	P_5
3. Drains and Sutures				*P_2	P_3	P_3
4. Trach. Care - sterile dressing, cleaning, suctioning					*P_1	P_2

Semester Level Skills	I	II	III	IV	V	VI
G. (Continued)						
5. Wound Irrigation				*P_1	P_2	P_2
6. Catheterization catheter care, do				*P_1	P_2	P_2
7. Care of patient with Chest tube drainage					*P_2	P_2

I. Procedures - carry out						
1. Isolation			*P_2	P_2	P_3	P_3
2. Nasopharyngeal suction			*P_2	P_2	P_3	P_3
3. Ostomies - care for				*P_2	P_2	P_2
4. Oxygen therapy Croupette					*P_3	P_3
Mask, cannula - administer			*P_2	P_3	P_3	P_3
5. Specimen collection- urine, stool, swabs		*P_2	P_2	P_3	P_4	P_5

Learning Experience - Hours Overview

	Page reference
Learning Experience: **Hours Overview:**	
. **Camosun College**	257
. **Cariboo College**	265
. **Okanagan College**	273
. **University of British Columbia**	281
. **Vancouver Community College** (Langara)	289

Table 25

LEARNING EXPERIENCE
HOURS OVERVIEW

Name: Camosun College   Number of Semesters/Terms = 3
Year

Number of Terms of Semesters in program 6   Students Enter Program: once A Year

WEEKS PER SEMESTER OR TERM:

	Fall	Winter	Spring	Spring/Summer	Summer	Total
A.) Orientation:						
B.) Instructional:	14x2	14x2	6x1	11x1		73
C.) Evaluation:	1x2	1x2				4
	30	30	6	11		77

TOTAL MONTHS IN PROGRAM: Instructional = 73 wks ÷ 4.3 wks/mo. = 17 mos.
52 ÷ 12 mos. = 4.3/mos. Instructional + Evaluation = 77 wks ÷ 4.3 wks/mo. = 18 mos.

TOTAL IN CLASS HOURS PER SEMESTER OR TERM:

		Nursing				
				Community		
Semester or Term:	Support Courses*	Theory + Seminar	Lab	Supervised	Unsupervised	Hospital
I	98	56	56			168
II	98	56	56			168
Spring I						144
III	98	56	56			168
IV	42	98				224
Preceptorship						412.5
TOTAL HOURS	336	266	168			1284.5

TOTAL OUT OF CLASS HOURS PER SEMESTER OR TERM:

		Nursing				
				Community		
Semester or Term:	Support Courses*	Theory + Seminar	Lab	Supervised	Unsupervised	Hospital
I	112-126	112				56
II	112-126	112				56
Spring I						24
III	112-126	112				56
IV	56-64	224				112
Preceptorship						44
TOTAL HOURS	392-462	560				348

TOTAL IN CLASS HOURS IN PROGRAM:

		Total Hours	Percentage
A.) Support Courses*:		= 336	16
B.) Nursing:	Theory & Seminar	= 266	13
	Lab	= 168	8
	Community - Supervised	=	
	- Unsupervised } Hospital	1284.5	63
	TOTAL	= 2054.5	100%

*Courses not taught by Nursing Faculty

College or UBC: Camosun College

Semester or Term: I (Fall)

SEMESTER OR TERM
PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to	In Class Hours Per Week						No. of Weeks	Total	Note -*O.C.W. = out of class workload. Hours per week, these are presently under review Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 150		3	1					14	56	O.C.W per wk 8 hrs
Nursing 160										
1.) Lab				average 4				14	56	
2.) Hospital						12		14	168	O.C.W per wk 4 hrs Intermediate Care & E.C.U.
3.) Community										
*Biology 156		3		1				14	56	O.C.W per wk = 4
*Psychology 154 (Interpersonal Relationships)	U. of Victoria	3						14	42	O.C.W per wk = 4-5 O.C.W per wk Total 20 - 21
TOTAL		9	1	5		12			406	
Average Student Hours Per Week 378 ÷ 14 = 27										

*Support Course - Not taught by nursing faculty

College or UBC: Camosun College

Semester or Term: Semester II

SEMESTER OR TERM
PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Note - O.C.W. = Out of class workload hours per week, these are presently under review Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 151		3	1					14	56	O.C.W per wk = 8 hrs
Nursing 161										
1.) Lab				4				14	56	O.C.W per wk 4 hrs Adult Med. Adult Surg. Obsteristic & Peds
2.) Hospital							12	14	168	
*Biology 157		3		1				14	56	O.C.W per wk = 4 hrs
*Psychology 254	T	3						14	42	O.C.W per wk = 4 - 5
TOTAL		9	1	5			12		378	

Average Student Hours Per Week = 378 ÷ 14 = 27 hr

College or UBC: Camosun College

Semester or Term: Spring I

SEMESTER OR TERM
PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	In Class Hours Per Week						No. of Weeks	Total	Note - O.C.W. = Out of class workload
		Theory	Seminar	Lab	Community		Hospital			Comments
					Supervised	Unsupervised				
Nursing 171										O.C.W per wk 4 hrs 3-4 days per week adult med./surg. & Peds
							24	6	144	
TOTAL							24		144	
Average Student Hours Per Week = 144 ÷ 6 = 24										

College or UBC: Camosun College

Semester or Term: III Fall

SEMESTER OR TERM
PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 250		3	1					14	56	O.C.W per wk 8 hrs
Nursing 260										
1.) Lab				4				14	56	O.C.W per wk 4 hrs adult med./surg. 7 wks Pediatric 7 wks
2.) Hospital							12	14	168	
*Biology 256		4						14	56	O.C.W per wk = 4 hrs
*English 150	Univ. of Victoria	3						14	42	O.C.W per wk = 4 - 6
*(or English 100) or elective										
TOTAL									378	
Average Student Hours Per Week = 378 ÷ 14 = 27 hrs										

College or UBC: Camosun College

Semester or Term: IV (Winter)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week: Theory	Seminar	Lab	Community: Supervised	Community: Unsupervised	Hospital	No. of Weeks	Total	Comments
Nursing 241			3					14	42	O.C.W per wk = 8 hrs
Nursing 251		3	1					14	56	O.C.W per wk = 8 hrs
Nursing 261										Hospital experience is adult med./surg. and Peds O.C.W per wk 8 hrs Alternate Wks
Hospital							16	14	224	
*Elective	Univ. of Victoria	3						14	42	O.C.W per wk = 4-6
TOTAL		6	4				16		364	
Average Student Workload per week = 364 ÷ 14 = 26 hrs										

College or UBC: Camosun College

Semester or Term: Spring II Preceptorship

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 271							37.5	11	412.5	O.C.W per wk = 4 hrs Medical and Surgical settings (adult, pediatric)
TOTAL									412.5	

Table 26
LEARNING EXPERIENCE
HOURS OVERVIEW

Name: Cariboo College

Number of Semesters/Terms = 2
Year

Number of Terms of Semesters in program 6

Students Enter Program: Once A Year

WEEKS PER SEMESTER OR TERM:

	Fall	Winter	Spring	Spring/Summer	Summer	Total
A.) Orientation:						
B.) Instructional:	14x3	14x3				84
C.) Evaluation:	1-1/2x3	1-1/2x3				9
TOTAL	46-1/2	46-1/2				93

TOTAL MONTHS IN PROGRAM:
52 ÷ 12 mos. = 4.3 wks/mo.

Instructional + = 84 ÷ 4.3 = 19 mos. 2 wks
Instructional + Evaluation = 93 ÷ 4.3 = 21 mos. 3 wks

TOTAL HOURS PER SEMESTER OR TERM:

		Nursing				
				Community		
Semester or Term:	Support Courses*	Theory	Lab	Supervised	Unsupervised	Hospital
I	154	112	78		24	72
IIa.)	175	112	60			91.5
IIb.)	84	112	32			192
IIIa.)	84	112	28		32	208
IIIb.)		140	28		32	312
IV		28	15			468
TOTAL HOURS	497	616	241		88	1,369.5

TOTAL HOURS IN PROGRAM:

		Total Hours	Percentage
A.) Support Courses*:		497	18%
B.) Nursing:	Theory	616	22%
	Lab	241	9
	Community - Supervised		
	- Unsupervised	88	3%
	Hospital	1,369.5	49%
	TOTAL	2,797.5	100%

*Courses not taught by Nursing Faculty

College or UBC: Cariboo College

Semester or Term: FALL I

SEMESTER OR TERM
PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
*Biology 159	Zoology 153	3	1	3				14	98	
*English 159		4						14	56	
Nursing 110		8						14	112	
Nursing 111										
a.) Lab				12				8	78	Skill demonstration, patient simulations return demonstration
b.) Hospital							Approx. 12	6	72	- Medicine
c.) Community			Total 12				Total 12		24	Growth & Development, visits
Nursing 132		1		1				14	28	Physical Fitness
TOTAL		9	TOTAL 12 1	9-15			12	14	468	

Average Student Hours Per Week: 468 - 14 = 33.5

College or UBC: Cariboo College

Semester or Term: IIa (Winter)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
*Biology 169	Zoology 153	3	1	3				14	98	
*English 169		4						14	56	
Nursing 120		6						14	84	
Nursing 121										
a.) Lab				10				6	60	Alternating: students have 6 weeks Lab & 6 weeks Hosptial in surgery
b.) Hospital							15	6	91.5	
*Micro 160		1		1/2				14	21	
Nursing 124		2						14	28	
TOTAL		16	1	9			6.75		438.5	

Average Student Hours Per Week: 438.5 ÷ 14 = 31.3

College or UBC: Cariboo College

Semester or Term: IIb (Fall)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
*Psychology 111	Psych 100	3						14	42	
*Sociology 111	Soci 200	3						14	42	
Nursing 130		6						14	84	
Nursing 131										
a.) Lab				2				14	28+4=32	
b.) Hospital				1 week for 4 hours			16	12	192	4 weeks each in pediatrics, obstetrics & surgery
Nursing 134		1						14	14	
Nursing 112		1						14	14	
TOTAL		14		2			16		420	

Average Student Hours Per Week = 420 ÷ 14 = 30

College or UBC: Cariboo College

Semester or Term: 3a (Winter)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
*Psychology 121	Psych 100	3						14	42	
*Sociology 121	Soci 200	3						14	42	
Nursing 240		8						14	112	
Nursing 241										
a.) Lab				2				14	28	
b.) Hospital							16	13	208	Students rotate through two of: a.) 6 weeks each of surgery & medicine or b.) 4 weeks each of peds, psych or long term care
c.) Community						Total 32			32	
Total		14		4		32			432	

Average Student Hours Per Week = 432 - 14 = 30.9

College or UBC: Cariboo College

Semester or Term: 3b (Fall)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 261 (theory)		8						14	112	
Nursing 262										
a.) Lab				2				14	28	
b.) Hospital							24	13	312	
c.) Community						Total 32			32	
Nursing 241		2						14	28	
TOTAL		10		2		32	18		498	
Average Student Hours Per Week = 498 ÷ 14 = 35.6										

College or UBC: Cariboo College

Semester or Term: 4 (Winter)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 270		2						14	28	
Nursing 271							36	13	468	P.228
Lab									15	Students will be rotated through medical & surgical areas for a period of 10 weeks and one selected area for a two week period
TOTAL									511	

Average Student work load = 511 ÷ 14 = 36.5

Table 27

LEARNING EXPERIENCE HOURS OVERVIEW

Name: Okanagan College

Number of Semesters/Terms = 1st+2nd yr=
Year 2 Study+1work
3rd yr=1study

Number of Terms of Semesters in program 7 Students Enter Program: Once A Year

WEEKS PER SEMESTER OR TERM:

		Fall	Winter	Spring	Spring/Summer	Summer	Total
A.) Orientation:							
B.) Instructional:	semesters	13x3	15x2			4x1 12x1	85
C.) Evaluation:	semesters	2x3	2x2				10
TOTAL		45	34			22	95

TOTAL MONTHS IN PROGRAM: Instructional = 85 ÷ 4.3 = 19 mos. 3 wks

52 wks ÷ 12 mos = 4.3 wks/mo. Instructional + Evaluation = 95 ÷ 4.3 = 22 mos.

TOTAL HOURS PER SEMESTER OR TERM:

		Nursing				
Semester or Term:	Support Courses*	Seminar	Lab	Community Supervised	Community Unsupervised	Hospital
I	156	91	56			72
II	180	105	36			144
** Work Semester I						160
III	91	78	32			192
IV	75	105	30			192
Work Semester II						410-450
V		117			16	208
TOTAL HOURS	502	496	154		16	1418

TOTAL HOURS IN PROGRAM:

		Total Hours	Percentage
A.) Support Courses*:		502	19
B.) Nursing:	Theory	496	19
	Lab	154	6
	Community - Supervised		
	- Unsupervised	16	.01
	Hospital	1418	55
	TOTAL	2586	100%

---

*Courses not taught by Nursing Faculty

**Work Experience that is required but is not supervised by faculty.

College or UBC: Okanagan College

Semester or Term: Study Semester I (Fall)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
*English 111	English 100	3						13	39	
*Biology 113	Unassigned Science 1.5	3		3				13	78	
*Psychology 111	Psych 100	3						13	39	
Health Sciences 111		2						13	26	
Nursing 111		5						13	65	
Nursing 112										
a.) Lab				8				7	56	
b.) Hospital							12 x 6 wks = 72			Medicine, Rehabilitation 2-6 hours days for 6 weeks
								average		
TOTAL		15		11				13	375	

Average Student Hours Per Week - 375 ÷ 13 = 28.8

*Support Course - Not taught by nursing Faculty

College or UBC: Okanagan College

Semester or Term: Study Semester II (Winter)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
*English 121	Eng. 100	3						15	45	
*Biology 123	Unassigned Sc. (1.5)	3		3				15	90	
*Psychology 121	Psych.100	3						15	45	
Health Science 121		2						15	30	
Nursing 121		5						15	75	
Nursing 122										
a.) Laboratory				12				3	36	
b.) Hospital						6 hours x 24 times			144	12 x 6 hours-Medicine + 12 x 6 hours - Surg. + Peds.
TOTAL		17	15	15					465	
Average Student Hours Per Week = 465 ÷ 15 = 31										

:ollege or UBC: Okanagan College

Semester or Term: Work Semester I
(Summer)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 130							8x20 hrs	4	160	Begins May '83-Student works as a nurses' aide under the supervision of a registered nurse. The student must work a minimum of 50 shifts i.e. - 7 hrs per shift but can be 12 hrs shifts
	TOTAL								160	

College or UBC: Okanagan College

Semester or Term: Study Semester III
(Fall)

SEMESTER OR TERM
PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
*Social Science elective	Possibly	3						13	39	
*Biology 216	No	2						13	26	
*Biology 217 (microbiology)	No	2						13	26	
Health Sciences 211		1						13	13	
Nursing 211		5						13	65	
Nursing 212										
a.) Laboratory				16				2	32	
b.) Hospital							16	11	192	Med./surg. peds.
	TOTAL	13		16			16		361	

Average Student Hours Per Week = 361 ÷ 13 = 27.8

College or UBC: Okanagan College

Semester or Term: Study Semester IV (Winter)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
*Social Science elective	Possibly	3						15	45	
*Biology 226	No	2						15	30	
Health Science 221		2						15	30	
Nursing 221		5						15	75	
Nursing 222										
a.) Laboratory				2				15	30	
b.) Hospital							16 16	6 6	96 96	Psychiatric OBS.
TOTAL		12		2			16		402	
Average Student Hours Per Week = 402 ÷ 15 = 26.8										

College or UBC: Okanagan College

Semester or Term: Work Semester II
(Summer)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 230							37.5	12	450	Preceptorship must work one month each in three of the following areas: 1.) Pediatrics 2.) Obstetrics 3.) Psychiatry 4.) Medicine/Surgery In small hospitals experience will be general rather than specific
	TOTAL								410-450	

College or UBC: Okanagan College

Semester or Term: Study Semester V (Fall)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community Supervised	Community Unsupervised	Hospital			
Health Science 311		2						13	26	
Nursing 311		4						13	52	
Nursing 312										
Hospital							16		208	Refer to page 172
Group A							not less than 120	usual-ly Total 136		Each student has a varied experience
Group B						approx.	Total 72			
Group C						not more than 16 hrs in total				
Nursing 313		3						13	39	
TOTAL		9							325	

Average Student Hours Per Week = 325 ÷ 13 = 25

Table 28

LEARNING EXPERIENCE
HOURS OVERVIEW

Name: U.B.C.

Number of Semesters/Terms / Year = 2

Number of Terms of Semesters in program 8 Students Enter Program: once A Year

HOURS PER SEMESTER OR TERM:

	Fall	Winter	Spring	Spring/Summer	Summer	Total
A.) Orientation:	1x1					1
B.) Instructional:	12x1 13x3		13x4			103
C.) Evaluation:	1-1/2x4		1-1/2x4			12
TOTAL	58		58			116

TOTAL MONTHS IN PROGRAM: INSTRUCTIONAL = 103 ÷ 4.3 = 24 mos.
INSTRUCTIONAL + ORIENTATION + EVALUATION = 116 ÷ 4.3 = 27 mos.
52 wks ÷ 12 mos. = 4.3 wks/mo

TOTAL HOURS PER SEMESTER OR TERM:

		Nursing				
				Community		
Semester or Term:	Support Courses*	Seminar + Theory	Lab	Supervised	Unsupervised	Hospital
Year I (Fall)	208	104				
Year I (Winter)	221	26	78			78
Year II	247	104	54			312
Year III (Generic)	221	154	34	142		110
Year III (Post-RN)	247	208	13	117	104	
Year IV	182	221-247	52	169		169
TOTAL HOURS OF GENERIC PROGRAM	1079	693-713	218	311	0	669

TOTAL HOURS IN PROGRAM:

		Total Hours	Percentage
A.) Support Courses*:		1079	36
B.) Nursing:	Theory	693-713	23
	Lab	218	7
	Community - Supervised	311	11
	- Unsupervised	0	
	Hospital	669	23
	TOTAL	2970-2980	100%

*Courses not taught by Nursing Faculty

College or UBC: U.B.C. **Semester or Term: Year I (Fall Term)**

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)		Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 101 Lecture		2						13	26	
a.) Campus Lab Seminar			6					13	78	Stated on Page 32 January 1980 submission
*English 100		3						13	39	
*Psychology 100		3						13	39	
*Zoology 153 (Human Bio.)		3		3				13	78	
*Home Economics 203 or 209		3						13	39	
*Physical Ed. 203 Cond.				1				13	13	
TOTAL		14	10						312	
Average Student Hours Per Week = 312 ÷ 13 = 24										

College or UBC: U.B.C.

Semester or Term: Year I (Spring Term)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)		Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 101 a.) Theory		2						13	26	
b.) Campus Lab Seminar			6					13	78	
c.) Patient Care Experience							6	13	78	Page 32 of Program Submission
*English 100		3						13	39	
*Psychology 100		3						13	39	
*Zoology 153		3		3				13	78	
*Microbiology 153		2		2				13	52	
*Physical Ed. 203				1				13	13	
TOTAL		13	12						408	
Average Student Hours Per Week = 408 ÷ 13 = 31										

College or UBC: U.B.C.

Semester or Term: Year II (Fall + Spring)

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)		Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 201										
a.) Theory		3	1					26	104	
b.) Hospital							12	26	312	4 Weeks Introductory period in a medical or surgical setting, they rotate between a surgical, medical and psychiatric setting
c.) Lab				2				26	54	
*Pharmocology 240		Fall 3						Fall 13	39	
*Pathology 375		1						26	26	
*Anthropology/ Sociology		3						26	78	
*Elective		Minimum 3						26	78	
*Phys. Ed. 203 (Level II)				1				26	26	
TOTAL		Fall 13 Spring 10	1	3			12		717	

Average Student Hours Per Week = 717 ÷ 26 = 27.6

College or UBC: U.B.C.

SEMESTER OR TERM PROFILES

Semester or Term: Year III Generic Students

Course Name and Number (Cr. Hrs.)		Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 301								Fall		
a.) Theory		2	2					13	52	
b.) Learning Centre (lab)								2	21	1st and 7th Week Maternity
c.) Hospital							10	6	60	Maternity
							10	5	50	Pediatrics
d.) Community					Total 25				25	
Nursing 303										
a.) Theory/ Seminar		1	2					Spring 13	39	
b.) Clinical					9			Spring 13	117	
Nursing 304		3						Spring 13	39	
Nursing 305		2		1				Spring 13	26	
*Epidemiology 426		3						26	78	
*Mathematics 203		3						Fall 13	39	
*Elective		Min 3						26	78	
*Physcal Ed. 203				1				26	26	
TOTAL			4				10		663	

Average Student Hours Per Week = 25.5

College or UBC: U.B.C.

SEMESTER OR TERM PROFILES

Semester or Term: Year III Post R.N. Students

Course Name and Number (Cr. Hrs.)		Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 302:										
a.) Theory		4	4					Fall 13	104	
b.) Clinical						8		Fall 13	104	
Nursing 303										
a.) Theory		1						Spring 13	39	
b.) Clinical					9			Spring 13	117	
Nursing 304		3						Spring 13	39	
Nursing 305		2						Spring 13	26	
*Epidemiology 426		3						26	78	
*Mathematics 203		3						Fall 13	39	
*Elective		Min 3						26	78	
*Physcal Ed. 203				2				26	52	
TOTAL									676	

Average Student Hours Per Week = 689 ÷ 13 = 26

College or UBC: U.B.C.

Semester or Term: Year IV
Both Generic + Post-R.N. Students

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)		Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 403 1.) Theory		2 to 3						26	52-78	
2.) Lab				2				26	52	
3.) Hospital							12	13	156	Patients with long term illness
4.) Community					12			13	156	
Nursing 405		2	1					Spring 13	39	
Nursing 406		2			1		1	Fall 13	52	
Nursing 408, 409 or Clinical Electives		3						26	78	
*Electives		min. 6						26	156	
*Physical Ed. 203 Level III				1				26	26	
TOTAL		15	2	3	13		13		767-741	
Average Student Hours Per Week = 767 ÷ 26 = 29.5 or 793 ÷ 26 = 30.5										

Table 29
LEARNING EXPERIENCE
HOURS OVERVIEW

Name: Vancouver Community College (Langara) Number of Semesters/Terms = 3

Number of Terms or Semesters in program 6 Students Enter Program: three A Year

WEEKS PER SEMESTER OR TERM:

	Fall	Winter	Spring	Spring/Summer	Summer	Total
A.) Orientation:	1x2		1x2		1x2	6
B.) Instructional:	13x2		13-1/2x2		13-1/2x2	80
C.) Evaluation:	1x2		1x2		1x2	6
TOTAL	30		31		31	92

TOTAL MONTHS IN PROGRAM:

Instructional = 80 ÷ 4.3 = 18 mos. 3 wks.
Instructional + Orientation + Evaluation = 80+6+6=92/4.3 = 21 mos. 1 wk
52 ÷ 12 mos. = 4.3 wks/mo.

TOTAL HOURS PER SEMESTER OR TERM:

		Nursing				
				Community		
Semester or Term:	Support Courses*	Theory + Seminar	Lab	Supervised	Unsupervised	Hospital
I	172.9	79.8	40	4		70
II	133	74.8	40			144
III	106.4	163.7	28		3	192
IV	106.4	74.5	40			192
V		66.5				312
VI		26.6				416-448
VII						
VIII						
TOTAL HOURS	518.7	485.6	148	4	3	1326-1358

TOTAL HOURS IN PROGRAM:

		Total Hours	Percentage
A.) Support Courses*:		518.7	20.6
B.) Nursing:	Theory + Seminar	485.6	19.3
	Lab	148	5.9
	Community - Supervised	4	
	- Unsupervised	3	.3
	Hospital	1326	53.9
	TOTAL	2486-2518	100%

*Courses not taught by Nursing Faculty

College or UBC: Vancouver Community College
(Langara)

Semester or Term: Semester I

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 135 (theory)		5						13.3	66.5	Includes lectures, discussions, Seminar group work, community visit presentations
Nursing 138								13.3	53.2	
1.) Lab				4				10	40	ECU and Medicine
2.) Hospital							10	4	40	
							5	6	30	
3.) Community					Total 4				4	4 hrs/semester preschool
*Biology 121	Zoology 153	3	1	2				13.3	79.8	
*Psychology 115	U.B.C. Psych 101	3	1					13.3	53.2	
*Physical Ed. 117		1		2				13.3	39.9	
Pharmalogy		1						13.3	13.3	
TOTAL		13	2	8	Total 4		average 7.5		366.7	

Average Student Hours Per Week = 366.7 ÷ 13.3 = 27.6

College or UBC: Vancouver Community College
(Langara)

Semester or Term: II

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 235		5 + another 8 hrs/ Semester						13.3	66.5 + 8	(nursing 235 taught during 1-8 hours lab time
Nursing 238										
1.) Lab				4				10	40	
2.) Hospital							12	12	144	
*Biology 221	Zoology 153	3	1	2				13.3	79.8	
*Psychology 215	Psych 100	3	1					13.3	53.2	
TOTAL		11	2	6			12		391.5	

Average Student Hours Per Week = 391.5 + 13.3 = 29.4

College or UBC: Vancouver Community College
(Langara)

Semester or Term: III

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 335		5+44 hrs						13.3	66.5+44	
Nursing 338										
1.) Lab				4				7	28	
2.) Hospital							16	12	192	6 weeks maternity= 16 hrs/wk 6 weeks Psychiatry = 16 hrs/wk
3.) Community						3 total			3	students visit - of 13 agencies
*Biology 421	Zoology 153	3	1					13.3	53.2	
Pharmacology 215		3	1					13.3	53.2	
*English 127 or English 128	English 100	3	1					13.3	53.2	
TOTAL		11	3	4			16		493.1	

Average Student Hours Per Week = 493.1 ÷ 13.3 = 37.1

College or UBC: Vancouver Community College
(Langara)

Semester or Term: IV

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 435		5+8						13.3	66.5+8 74.5	Reports back from Enterstomal visits
Nursing 438										
1.) Lab				4				10	40	
2.) Hospital							16	6	96	Medicine
							16	6	96	Surgery
*Biology 321		3	1					13.3	53.2	
*English Elective (can be taken over time before Semester VI	English 100	3	1					13.3	53.2	
TOTAL		11	2	6			16		412.9	
Average Student Hours Per Week = 412.9 ÷ 13.3 = 31.1										

College or UBC: Vancouver Community College
(Langara)

Semester or Term: V

SEMESTER OR TERM
PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 535		5						13.3	66.5	
Classroom										
										Shaughnessy Spinal Cord Unit
Nursing 538										
Hospital							24	7	168	Peds
							24	6	144	Medical & Surgery
TOTAL									378.5	
Average Student Hours per week = 378.5 ÷ 13.3 = 28.5										

College or UBC: Vancouver Community College
(Langara)

Semester or Term: Semester VI

SEMESTER OR TERM PROFILES

Course Name and Number (Cr. Hrs.)	Transfer to UBC	Hours Per Week						No. of Weeks	Total	Comments
		Theory	Seminar	Lab	Community		Hospital			
					Supervised	Unsupervised				
Nursing 648										
a.) Theory		2						13.3	26.6	
b.) Hospital							32	13 or 14	416-448	Variety of clinical experience
TOTAL		2					32		442.6- 474.6	
Average Student Hours Per Week 442.6 ÷ 13.3 = 33.2 - 35.7										

APPENDIX

Page reference

1. Terms of Reference 299
2. R.N.A.B.C. Approval Criteria 301
3. List of Program Documents 313
4. Survey 315
5. Guidelines for On-Site Visit 323
6. Correspondence 329

Terms of Reference for RN - BSN Program Comparison

Purpose: To compare the educational content of four diploma College nursing programs with the generic University baccalaureate program in nursing. Is there a difference between these two types of programs, and if so, what are those differences?

Terms of Reference:

1. To make specific comparisons between each of the four individual College programs* and the University program with respect to:
   a. philosophy of the educational institutions,
   b. philosophy of the nursing programs, including the "nursing model",
   c. terminal, level and course objectives of the nursing programs,
   d. specific differences:
      i. hours of instruction in each "specialty", i.e., theory, laboratory, clinical
      ii. textbooks and other teaching aides
      iii. depth/level of learning and span/width of learning, to be measured by a comparison of a sample of specific skill objectives, i.e., one sample from each of the six cognitive competency areas, and one sample from each of the ten manual skill categories,
      iv. types of students, i.e., entrance requirements (and demographics?),
      v. evaluation techniques.

2. To make site visits to clarify with nursing Program Director and/or Faculty any ambiguities and to include any recent revisions, for all five programs.

3. To synthesize findings into one overall comparison (i.e., 1. a. - d.) of College diploma and University baccalaureate nursing program educational content.

4. To submit a report on findings to the Ministry of Education by October 1982.

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* The four College programs are: Cariboo, Okanagan, V.C.C. (Langara) and Camosun.

June 22, 1982

2. R.N.A. APPROVAL CRITERIA

The R.N.A.B.C. Approval Process

The Registered Nurses' Association of British Columbia has as its prime purpose the furthering of the standard of nursing practice in order to ensure efficient service to the people of British Columbia.[2] One of the ways the Association accomplishes this purpose is by approving education programs preparatory to nurse registration; that is, setting standards which preparatory nursing education programs must meet and evaluating all such programs against those standards. The authority to approve such programs has been given to the Registered Nurses' Association of British Columbia by the provincial government through the Registered Nurses Act in the following way.

The Registered Nurses Act specifies that only those persons who are members of the Registered Nurses' Association of B.C. are entitled to use the title Registered Nurse or the abbreviation R.N., or otherwise represent themselves to the public as registered nurses in British Columbia (sections 12 through 16). One requirement for membership in the Association is graduation from an approved school of nursing as stated in section 13 of the Act:

"13. A person who satisfies the Board of Directors that he is of good moral character and who is either
(a) a graduate of an approved school of nursing who has passed the examinations arranged by the Board of Examiners under this Act, or
(b) a student in an approved school of nursing, and who
(c) applies in writing in the form prescribed by the Board of Directors, and
(d) pays the membership fee,
is entitled to become a member of the Association."[3]

An "approved school of nursing" is defined in Section 2 of the Act to mean "an institution offering a programme for the training of nurses that has been approved by the Board of Directors under the provisions of this Act". The Board is empowered under Section 8 of the Act to "make regulations, subject to the approval of the Lieutenant-Governor in Council, concerning the curricula and standards of schools of nursing."[4]

Approval for the purpose of nurse registration is granted by the Registered Nurses' Association to nursing education programs which meet the standards determined by the Board of Directors. These standards are the criteria listed on pages 5 to 8 of this document. The process by which the criteria are applied and the programs evaluated is outlined on pages following 9 through 12. Only graduates of approved programs are eligible to apply for licensure as a registered nurse and the public is thereby assured that the new registrant is adequately prepared for safe practice.

The Registered Nurses' Association of B.C. has been involved in establishing standards for nursing education in British Columbia since 1919 when the first survey of "Training Schools" was made by the Registrar. A year later it was arranged that there would be an annual inspection of all training schools and in 1922 the Association took a definite stand of training school methods, what constituted essential minimum equipment and the provision made for the proper teaching of theory. In 1924 rules pertaining to schools of nursing and a standard curriculum for training schools were revised and endorsed.[5] Since then periodic review and revision of the criteria, policies and procedures used in the approval process have been made to reflect changes in nursing and education. In 1972 the Committee on Approval of Schools of Nursing was established and since then the approval process has become more formalized. This edition of the criteria, policies and procedures which replaces the 1973 document and the interim 1976 document, represents the latest stage in the evolution of the approval process.

This publication has been prepared as a reference for those who have the responsibility for the development and implementation of nursing education programs preparatory to nurse registration, and for those who are involved or have an interest in the approval process for nursing programs in British Columbia. It describes the purposes and the administration of the R.N.A.B.C. approval program and states the criteria, policies and procedures for obtaining and maintaining approval of a nursing program.

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[2] R.N.A.B.C. Constitution and By-laws, Constitution - Article II.

[3] Requirements for membership of applicants already registered elsewhere are specified in section 14 of the Act.

[4] Other sections of the act which pertain to nursing education programs preparatory to registration are 9-11 (Board of Examiners, examinations), 26 (operation of schools of nursing), and 27 (qualifications for admission to schools).

[5] Kerr, Margaret E. "Brief History of the Registered Nurses' Association of British Columbia", R.N.A.B.C. Files, 1944.

Purpose of the Approval Process

The right to set standards which must be met by nursing programs preparatory to nurse registration and to evaluate programs against those standards is both a privilege and a serious responsibility. In accepting this responsibility the Registered Nurses' Association of British Columbia has as its main purpose:

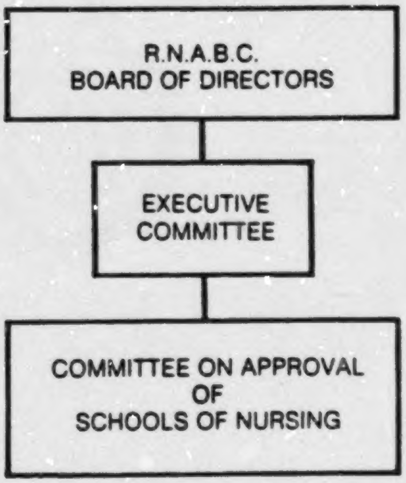
> To safeguard the public by ensuring that programs preparatory to nurse registration meet minimum standards for nurse registration.

A secondary aim is:

> To improve the quality of programs preparatory to nurse registration through the process of periodic program evaluation by the parent institution followed by external appraisal and follow-up.

Administrative Structure

In British Columbia the responsibility for approving nursing programs has been delegated by the Province to the Board of Directors of the Registered Nurses' Association of British Columbia. The following indicates how the Association carries out this responsibility.



The BOARD OF DIRECTORS consists of seven elected officers, the Executive Director (non-voting), ten directors from electoral districts and a maximum of four additional persons, not members of the Association. One representative of the student membership may be appointed. The Board performs the duties specified in the Registered Nurses Act, and in addition, duties outlined in the By-laws of the Association. It meets at least six times each year, usually every second month. While the Board maintains the decision-making responsibility in the approval process, committees and staff contribute to the process.

The EXECUTIVE COMMITTEE has the authority to act and perform such functions deemed necessary by the Board between meetings of the Board, to act as a coordinating body for activities of the three functional areas — Statutory Responsibilities, Professional Affairs and Social & Economic Issues; and to act in an advisory capacity to the Board. The membership consists of the President, Vice-President, five Directors-at-Large and the Executive Director (non-voting). The duties of the Directors-at-Large include reporting to the Executive Committee developments in and needs related to the three R.N.A.B.C. functional areas. Contained in these terms of reference is responsibility for the development, review and revision of criteria, policies and procedures for approval of programs preparatory to nurse registration.

The COMMITTEE ON APPROVAL OF SCHOOLS OF NURSING, a standing committee of the Board, reviews the nursing programs. Its terms of reference are:

- —to receive and review reports relative to the development and implementation of educational programs preparatory to nurse registration;
- —to evaluate these programs using the established criteria;
- —to make recommendations to the Board of Directors in accordance with the policies and procedures for approval of programs preparatory to nursing registration.[1]

Its membership consists of a chairman and at least ten other persons appointed by the Board, at least one of whom shall be a member of the Board. Individuals serve for a three year term and are appointed as follows:

- —one member of the Board;
- —one government nominee representing the Ministry of Education;
- —one educator representing the field of general education;
- —two employers of nurses, i.e. directors or assistant directors of nursing representing both community and hospital agencies;
- —six nurse educators;
- —two members who have a broad background and experience in nursing.

If any member is currently involved with a program under discussion, that member will withdraw from that portion of the committee meeting.

R.N.A.B.C. staff members from Education Services are responsible for the following duties relative to the approval process:

- —providing secretariate and resource services to the Committee on Approval of Schools of Nursing (they attend all meetings, but do not vote);
- —interpreting criteria, policies, and procedures;
- —providing consultation to programs on request;
- —interpreting R.N.A.B.C. approval reports and decisions.

Definitions

INTENT TO ESTABLISH PROGRAM PHASE — the period during which the educational institution is studying the feasibility of and developing a proposal for a nursing program; the phase terminates with the granting of permission by the appropriate authorities to establish the program.

PLANNING PHASE — the period during which the program is initially developed. This phase ends with the first graduation of students from the program.

OPERATIONAL PHASE — the period during which the total program is in progress. This phase begins after the first graduation of students from the program.

EDUCATIONAL INSTITUTION — the institution of which the nursing education unit is an integral part.

NURSING EDUCATION UNIT — the school, department or other administrative division offering the nursing program.

ADMINISTRATOR OF THE NURSING UNIT — the director, chairman, or head of the nursing education unit.

PROGRAM — the curriculum, the resources, and all of the activities planned to achieve a stated educational purpose.

CURRICULUM — the plan for learning which specifies objectives, prerequisites, content, learning experiences and methods of evaluation.

SUPPORTIVE COURSE — a non-nursing course which provides necessary knowledge and skills basic to nursing courses, e.g. biological and social sciences.

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[1] R.N.A.B.C. Constitution & By-laws, (1977), Article IX. Section 1, c, ii.

Approval Criteria

Approval for the purposes of nurse registration is granted by the Registered Nurses' Association of British Columbia to a nursing education program which meets certain predetermined standards. These standards are stated in the form of criteria and are outlined in the following pages of this document.

The statement of criteria for the approval of nursing programs has been designed to be applicable to all types of basic nursing education programs. It is limited to acceptable standards which must be met in order to assure that nurses graduating from basic programs will have the necessary preparation to give effective, safe nursing care and be eligible to write the qualifying examinations for nurse registration in British Columbia.

The criteria are intentionally broad to allow for variation among schools. Such details as hours of instruction and hours of clinical experience, are intentionally omitted.

Criteria have been developed for two phases of program development — the planning phase and the operational phase, (see Definitions). In this document the criteria are stated for the operational phase. and where there are different expectations for the planning phase, these are indicated and defined in footnotes. The criteria are divided into six sections — Beliefs and Purposes, Curriculum, Resources, Organization and Administration, Faculty, and Students. There is one major criterion in each section and only programs meeting all six major criteria will be granted approval.

The major criteria are necessarily broad. Each is made up of several component parts which can be seen as subordinate or minor criteria. A program being evaluated is measured against each minor criteria in a given section. When a significant majority of the minor criteria in a section are met, then the major section criterion is judged to be met.[1]

The purposes of the approval criteria are to provide:

—the standard against which nursing education programs are measured by the Committee on Approval of Schools of Nursing and the Board of Directors of the Registered Nurses' Association of British Columbia;

—a guide for those who are considering or have the responsibility for developing a basic nursing education program.

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[1] The Association has explored the use of a weighting system to assist the Approval Committee determine whether or not a "significant majority" of minor criteria are met but no useful system has yet been found. As a result, the assessment of "significant majority" is made in terms of the Committee's best judgement.

CRITERIA FOR THE OPERATIONAL PHASE [2]

1.0 The beliefs and purposes of the nursing program provide the basis necessary for the development, implementation and evaluation of a program preparatory to nurse registration in British Columbia.

1.1 The beliefs as stated
  .11 include a definition of nursing and nursing education
  .12 are internally consistent and congruent with one another
  .13 give direction for the development, implementation and evaluation of the nursing program.

1.2 The purposes as stated
  .21 are consistent with the beliefs
  .22 are realistic for the program
  .23 are appropriate for a program preparatory to nurse registration in British Columbia.

2.0 The curriculum provides an effective means of achieving the purposes of the nursing program.

2.1 The curriculum is based on the stated beliefs of the program.

2.2 The curriculum objectives
  .21 are stated in behavioural terms
  .22 are sufficient to achieve the purposes of the program
  .23 are in accord with, but not necesasrily limited to, the behavioural expectations specified by the R.N.A.B.C. for a graduate of a program preparatory to nurse registration
  .24 are realistic in relation to the time and resources available.

2.3 The design of the curriculum
  .31 identifies the main concepts of the curriculum and the inter-relationships of the concepts
  .32 allows for the realization of the curriculum objectives
  .33 gives direction for the selection, organization and sequence of content and learning experience.

2.4 The content and learning experiences of the curriculum
  .41 derive from the design of the curriculum
  .42 are sufficient to achieve the curriculum objectives
  .43 are organized into units, (eg. courses) which allow for sequence, continuity and integration
  .44 are realistic in terms of the time and resources available for learning.

2.5 The content and learning experiences of each course of the curriculum
  .51 are an integral part of and consistent with the design of the curriculum
  .52 have defined objectives which make clear the behavioural expectations for the learner
  .53 are sufficient to allow for achievement of the objectives
  .54 progress in a meaningful sequence
  .55 are provided using appropriate instructional approaches and resources
  .56 are systematically evaluated.

2.6 The evaluation of student achievement in the program
  .61 is based on objectives
  .62 uses a variety of techniques and tools appropriate to the behavioural outcomes
  .63 is carried out at intervals designated by the curriculum design.

2.7 The evaluation of the curriculum[3]
  .71 is a systematic process
  .72 is comprehensive
  .73 makes use of sound appraisal techniques and tools
  .74 forms the basis of ongoing curriculum development.

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[2] Criteria for Planning Phase, if different from Operational Phase, will be stated in footnotes.

[3] Planning Phase 2.7 There is a plan for regular evaluation of the curriculum which encompasess the following
  .71 a systematic process
  .72 comprehensiveness
  .73 use of sound appraisal methods
  .74 contribution to ongoing curriculum development.

3.0 The resources, facilities and services are adequate and appropriate for the implementation of the nursing program.

3.1 Physical facilities of the education institution meet the needs of the program with respect to

- .11 offices for the chairman, faculty and support staff
- .12 classrooms, laboratories and seminar rooms
- .13 accessible space for interviewing, counselling, independent learning and study, and for meetings
- .14 space for equipment and instructional materials.

3.2 Clinical resources used to meet the needs of the program, provide

- .21 sufficient learning experiences for students
- .22 suitable learning experiences for students
- .23 accessible educational space for lectures, conferences, interviews, independent learning and for faculty use.

3.3 Written agreements with each agency or institution used for student clinical practice

- .31 are in effect
- .32 provide for the protection of the rights of the patients, the students and parties to the agreements
- .33 ensure faculty control of student learning experiences.

3.4 Library resources (books, journals, audio-visual materials, and equipment) are

- .41 current
- .42 available in sufficient number and variety
- .43 accessible
- .44 suitable to learning objectives and learning needs of students.

3.5 Supportive resources and services include

- .51 sufficient supportive staff (eg. secretaries, clerks, laboratory assistants) assigned to the nursing education unit to enable the unit to operate effectively
- .52 registrar services available to the program and its applicants, students and graduates
- .53 mechanisms to protect the health of students and clients
- .54 educational counselling services and remedial activities for students available in the institution
- .55 personal counselling services for students available in the institution or by referral.

4.0 The organization and administration of the nursing education unit facilitates the development and implementation of the nursing program.

4.1 The administrative philosophy of the nursing education unit as stated is

- .11 compatible with that of the educational institution
- .12 congruent with the beliefs and purposes of the nursing program.

4.2 The administrative structure and process of the nursing education unit as described

- .21 derive from the administrative philosophy of the unit
- .22 identify administrative positions and committees with terms of reference
- .23 delineate lines of authority.
- .24 delineate channels of communication
- .25 outline the decision making process
- .26 promote planning to achieve both long and short term goals.

4.3 The administrator of the nursing education unit has the authority and responsibility for the management of the nursing education unit, including the expenditure of the funds in the approved budget.

4.4 The management of the nursing education unit makes provision for

- .41 appropriate allocation and utilization of resources, that is, funds, facilities, materials, equipment and personnel
- .42 effective communication with administrative and other units within the institution, and with community agencies and regulatory bodies
- .43 appropriate use by faculty of opportunities for professional development.

4.5 The system established for keeping records of students, faculty, curriculum, and operation of the nursing education unit ensures that

- .51 the records are both secure and accessible to authorized individuals
- .52 the information is accurate, relevant, sufficient and up-to-date.

5.0 The nursing faculty and the conditions of employment are appropriate for the development and implementation of the nursing program.[4]

5.1 Individual nurse teachers have the following qualifications

- .11 master's degree or comparable achievement[5]
- .12 preparation or experience in teaching
- .13 recent experience in clinical nursing.

5.2 The administrator of the nursing education unit has the following qualifications

- .21 master's degree or comparable achievement[5]
- .22 preparation in education and administration
- .23 experience in teaching
- .24 experience in leadership positions.

5.3 The administrator of the nursing education unit and nurse teachers all have current nurse registration in British Columbia.

5.4 The nursing faculty is sufficient in number[6]

- .41 to develop, implement and evaluate the nursing program
- .42 to ensure adequate guidance for students and safe nursing care for patients.

5.5 The nursing faculty has a variety of skills[7] necessary to develop, implement and evaluate the nursing program.

5.6 The policies and practices related to nursing faculty make provision for

- .61 planned distribution of workload and responsibilities
- .62 time for pre-planning, follow-up and coordination of clinical experience in addition to student contact hours
- .63 professional development time to be used to maintain expertise in areas of responsibility
- .64 relief in the event of illness or other absences.

6.0 The provisions made in relation to students facilitate their admission to, promotion through, and involvement in the nursing program.

6.1 The student enrollment, both in numbers and frequency of intake, is compatible with the resources available.[8]

6.2 Information for prospective students concerning the program is

- .21 clearly stated
- .22 available
- .23 accurate and comprehensive.

In establishing the number of faculty required for any nursing course the following factors must be considered
—the learning objectives
—the learning needs of students
—the patient needs
—the teaching and clinical skills of faculty
—the clinical setting, e.g. spatial arrangements, staffing patterns, occupancy, etc.

6.3 The policies and practices governing the admission of students are

- .31 clearly stated
- .32 congruent with the beliefs and purposes of the program
- .33 congruent with the requirements of the R.N.A.B.C.

6.4 The policies and practices governing promotion and graduation of students and the granting of advance credit are

- .41 clearly stated
- .42 determined and implemented by nursing education unit
- .43 available to students.

6.5 Students have the opportunity to participate in the development, implementation and evaluation of the nursing program.[9]

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[4] Planning Phase 5.0 The nursing faculty (actual and projected) and the conditions of employment are appropriate for the development and implementation of the nursing program.

[5] Comparable achievement shall be established for persons with baccalaureate degrees in terms of combinations of the following . . . all to be related to the individual's responsibilities
—post-basic qualifications
—work experience of quality
—evidence of on-going contribution to the profession and/or community.

[6] In establishing the number of faculty required for any nursing course the following factors must be considered
—the learning objectives
—the learning needs of students
—the patient needs
—the teaching and clinical skills of faculty
—the clinical setting, e.g. spatial arrangements, staffing patterns, occupancy, etc.

[7] Variety of skills within a faculty should include
—leadership
—curriculum development and instructional design
—nursing expertise in the major clinical areas

[8] Planning Phase 6.1 The plans for student enrollment, both in number and frequency of intake, are compatible with the resources available.

[9] Planning Phase 6.5 Plans exist for student participation in the development, implementation and evaluation of the nursing program.

Approval Policies and Procedures

While the criteria serve as the basis of the entire approval process, it is necessary that the administrative officers and faculty of the educational institution offering the nursing program understand the related policies and procedures for each stage of the process. These are outlined in this portion of the document and are stated in *italic* letters. Elaboration or explanation of the policies and procedures is provided in regular type.

PROGRAM APPRAISAL

Programs are appraised using the approval criteria.

Basis of Program Appraisal:

For the purpose of nurse registration in the province of British Columbia, basic nursing education programs are required to meet certain pre-determined standards as stated in the CRITERIA section.

The criteria are divided into six sections — Beliefs and Purposes, Curriculum, Resources, Organization and Administration, Faculty, and Students. There is one major criterion in each section, and all six of these must be met in order for approval to be granted. Each of the major section criteria is composed of several subordinate or minor criteria. If, in the judgement of the R.N.A.B.C., a significant majority of these subordinate, minor criteria are met, then the major section criterion is judged to be met.

Frequency:

Program appraisal must take place at least every three years.

I Preparation and submission of the programs report

Program appraisal is initiated when the education institution offering the nursing program prepares and submits the program report to the R.N.A.B.C. The program report is used by the Committee on Approval of Schools of Nursing as the primary document in the appraisal of the program. Therefore, the importance of this report cannot be overemphasized.

Report Preparation:

The program report must be based upon the criteria for approval of programs preparatory to nurse registration.

Full reports shall be arranged and written under the headings of the criteria
—Beliefs and Purposes
—Curriculum
—Resources
—Organization and Administration
—Faculty
—Students

Progress reports shall provide the information requested or be written to address the specific criteria indicated by the R.N.A.B.C.

Full reports submitted by the institution serve two purposes:
—the basis for program appraisal by the Committee on Approval of Schools of Nursing;
—as a tool for faculty to use in program development and evaluation.

Therefore, the criteria should be studied carefully so that when the report is prepared, sufficient substantiating information will be provided so that the reader can determine if each criterion is met. Presenting sufficient information in the program report is the responsibility of the submitting institution. The institution may request advice from the R.N.A.B.C. Education Services staff during report preparation if questions arise or assistance is desired.

Progress reports will be examined in conjunction with previous reports submitted by the institution; therefore, information previously supplied need not be duplicated. The format of progress reports should be appropriate to the information requested.

Report Submission:

The institution shall submit a written report with fifteen copies to the R.N.A.B.C. on the date specified. For a new program this date shall be at least three months prior to the intended admission of students. For programs in operation, the date is specified at the time of the previous review.

Full reports are required at least every three years. Progress reports shall be submitted at the time specified by the Board of Directors.

The fifteen copies of the report should be sent to:
Education Services
Registered Nurses' Association of
British Columbia
2130 West 12th Avenue
Vancouver, B.C.
V6K 2N3

If a delay in submitting a program report is anticipated, the Education Services staff should be contacted immediately.

II Site Visits

Purpose:

Site visits are made

—to clarify or amplify information submitted by the institution

—to gain additional information that may be needed or information that cannot be supplied in a report

—to serve as a communication link from the institution to the Committee on Approval of Schools of Nursing

Frequency:

A site visit is made to an institution each time a full report is submitted or as required.

Visitors:

The visitors are two members of the Committee on Approval of Schools of Nursing or a member of the Committee on Approval of Schools of Nursing and a designated visitor(s).

Timing & Arrangements:

The visit is made approximately two weeks following the submission of the report by the institution. The visit is usually two days in length.

The R.N.A.B.C. or the visitors make all the necessary travel and accommodation arrangements. The expenses of the visitors are paid by the Association.

The R.N.A.B.C. consults with the institution to arrange the dates of the visit. Efforts are made to avoid disrupting the ongoing daily activities of the institution as much as possible and to adjust the schedule to the institution's convenience whenever feasible.

The institution is requested to plan an agenda which would allow an opportunity for the visitors to meet with the following individuals or groups

—administrative representatives of the institution

—director or chairman of the program

—representatives of the nursing faculty

—other faculty as required

—students enrolled in the program

—director of nursing or other representatives of the major clinical agencies.

A copy of the agenda should be submitted with the report.

Visitors' Report

The visitors prepare a report which supplements the institution's report in order that a complete picture of the program in relation to each area of the criteria is presented.

The visitors' report is submitted to the Committee on Approval of Schools of Nursing.

Time should be allowed during the visit for the visitors to draft their report. At the conclusion of the visit the visitors will review their findings with the program head to clarify any misunderstanding or misinterpretations.

III Program Review and Evaluation

Review Process:

The review and evaluation of a program for the purposes of nurse registration is the responsibility of the R.N.A.B.C. Committee on Approval of Schools of Nursing. The Committee uses as the basis for its evaluation the report and other information submitted or presented by the institution and the visitors' report. Representatives from the nursing program under review may attend a part of the Committee meeting during which their program is being reviewed.

The program is reviewed according to the criteria for approval of nursing programs preparatory to nurse registration. The Committee compiles its findings into a report, and makes its recommendations to the Board of Directors of the R.N.A.B.C. (see decisions regarding approval status, page 11). If any member of the Committee is currently employed by the institution whose program is under discussion that member does not participate in the review and appraisal of the program.

The recommendations and the report of the Committee on Approval of Schools of Nursing are submitted to the Board of Directors for consideration and decision. Reports are considered confidential by the Board members.

The Committee will review a nursing program approximately two to three weeks following the submission of the report by the institution if a visit is not required. If a visit is required, then the review of the program will be approximately four to five weeks after the report is submitted by the institution. This time interval is required to allow for circulation and study of reports prior to Committee meetings.

Attendance by program representatives at Approval Committee meetings is on an entirely voluntary basis and at the institution's request and expense.

The following guidelines pertain to attending Committee meetings.

1. The representative group will normally consist of no more than 5 persons (for space reasons) and may include administrators, instructors, and students.

2. The group will attend a portion of the meeting for the following purposes
   —to allow the Committee to clarify its role and procedures to the visitors (5-10 mins)
   —to provide an opportunity for a spokesman of the school to give a short verbal explanation of the school's program and situation, if the school desires (5-10 mins)
   —to provide an opportunity for members of the Committee to receive clarification of the school's written submission. (20-30 mins)

The Board meets approximately every two months. Meetings of the Committee on Approval of Schools of Nursing are scheduled, therefore, two to three weeks prior to Board meetings. The time interval between the two meetings is required to finalize minutes and reports and to circulate materials to Board members. The review process, from the time the institution submits its report until the Board has completed its appraisal, takes approximately six to eight weeks.

DECISIONS REGARDING APPROVAL STATUS

Alternative Decisions:

Based on the appraisal of the program and the recommendations of the Committee on Approval of Schools of Nursing, the R.N.A.B.C. Board of Directors will make one of the following decisions regarding approval:[1]

1. APPROVAL IS GRANTED

a. *Without recommendations and with a date for the next review. The maximum period between reviews is three years;*

The time period specified between reviews is dependent upon the stage of development of the program. For example, a new program while in the planning phase requires more frequent review, whereas the review of an established program in the operational phase usually is less frequent.

b. *With recommendations and a date for the next review;*

c. *With recommendations and a request for a progress report within a specified period of time;*

The date for submission of the progress report is related to the reason for the request, e.g. provision of additional information, indication of fulfillment of recommendations, evidence that a particular criterion is now met, etc. The progress report is used in conjunction with earlier reports to form the basis of the Board's decision.

d. *With a warning and a time limit*
   i) *when a program has made limited progress in regard to improvement or resolution of weaknesses since last review; or*
   ii) *when a program has lost some of its strengths since last review and therefore is failing to meet criteria;*

No more than two consecutive warnings can be granted.

When a program is given a warning, the Board requests a progress report, a review and/or visit within a specified period of time. The progress report and/or review and/or visit are used to decide to remove or continue the warning.

e *With a combination of the above*

The Board may request a progress report at any time for specific and clearly defined reasons.

2. APPROVAL IS DEFERRED. The R.N.A.B.C. defers action on a program which does not have approval, when

a. *there are weaknesses in the program which can be minimized or eliminated in a short period of time;*

b. *there is insufficient information about some aspects of the program which prevents a complete assessment.*

The decision to defer is made only for programs which do not have approval. Within the time period set, the R.N.A.B.C. reappraises the program based upon the report submitted by the institution which states the action taken or which provides the information required, or other specified conditions.

At times the Committee may defer making a recommendation about a program to the Board in order to seek additional information. This situation is not deferring approval and in such a situation the previous approval status remains in effect until a decision is made.

3. APPROVAL IS DENIED. The R.N.A.B.C. denies approval when

a. *a program that has been placed on warning does not present sufficient evidence that the criteria are met; or*

b. *a program which does not have approval fails to present sufficient evidence that the criteria are met.*

Approval is denied only after two consecutive warnings have been given (see 1.d.).

Notification of Board Decisions:

After the Board of Directors has considered the report and recommendations of the Approval Committee and made a decision regarding approval of a program, the submitting institution is notified in writing of the Board's decision and a copy of the report of the Committee on Approval is enclosed. The report with a covering letter is sent to the executive officer of the institution with copies to the program head and division head.

Following written notification, an Education Services staff member contacts the institution to arrange a follow-up conference with administrative and/or faculty representatives.

The purpose of this conference is to provide any necessary interpretation, clarification, or explanation of the Board's decision(s) and of the Committee's report. This conference is usually held in the institution and at the convenience of institutional representatives.

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[1] Adapted by permission from "Policies and Procedures of Accreditation for Programs in Nursing Education", New York: National League for Nursing 1976.

APPEAL OF APPROVAL DECISIONS

A program that is denied approval may appeal this decision. The notice of intent to appeal must be filed within 30 days of receipt of the Board's decision and the report. When a decision is appealed the prior approval status of the program is maintained until the disposition of the appeal.

After receipt of appeal notice, the Board names an appeal panel and schedules a time for the appeal proceedings.

An appeal panel is composed of five individuals who are not members of the Committee on Approval of Schools of Nursing. Two of the members shall be nurse educators. The panel members must be acceptable to the institution requesting the appeal.

Representatives of the institution shall present a written rationale for the appeal and meet with the appeal panel to answer questions and provide additional information. The appeal panel determines whether the Board of Directors made a correct decision based on the evidence submitted. It rules either to uphold the Board or to request the Board to reconsider its decision.

CONFIDENTIALITY

Reports of the R.N.A.B.C. Committee on Approval, information gained from site visits, and reports submitted by the institution offering the nursing program are kept confidential unless the institution notifies the Association that any one document can be released to specified individuals, groups, or for general distribution. The approval status (approval or non-approval) of a program is considered public information.

Program reports are frequently placed in the R.N.A.B.C. Library for general distribution with the permission of the institution.

ESTABLISHING A NEW PROGRAM

Notification:

When an institution wishes to establish a new nursing program, the notification of intent to do so should be made in writing to the Board of Directors of the Registered Nurses' Association of British Columbia at least one year before the planned entrance of students into the program.

When an institution is anticipating and exploring the establishment of a new nursing program, information or advice may be sought from the R.N.A.B.C. Consultation is available through the Association's Education Services to assist in initial planning and assessment.

The notification of intent to establish a new program should be made at least one year in advance of the planned admission of students so that approval for the purposes of nurse registration can be gained prior to the admission of the first students.

Public educational institutions do not require the permission of the Association to establish, conduct or maintain a nursing program. However, the R.N.A.B.C. does have guidelines which can be used during the "intent to establish phase". These guidelines can be helpful in obtaining permission from other authorities, and in obtaining approval for the purposes of nurse registration at a later phase of program development.

Information to be Provided:

The information provided in the letter to the Board of Directors should include:

- *—Name and address of the institution*
- *—Name and title of the executive officer of the institution*
- *—Type of program to be developed*
- *—Confirmation of permission by the appropriate authorities for the establishment of the program*
- *—Organizational structure of the institution showing the proposed position of the nursing program*
- *—Name and title of the contact person if not the executive officer*
- *—Statement of philosophy and purposes of the institutions and its beliefs in relation to nursing education*
- *—Proposed planning schedule of implementation of the new program.*

The R.N.A.B.C. Board of Directors acknowledges the letter of intent and outlines the steps to be taken in seeking approval. As approval for the purposes of nurse registration is granted to a nursing program and not to an institution, the R.N.A.B.C. makes a decision concerning approval status only after the program has been developed and reviewed.

CLOSING A PROGRAM

When a decision is made to close a nursing program, a letter of intent to close shall be sent to the R.N.A.B.C. As soon as possible after the decision to close is made, the plan for closing is submitted in writing to the R.N.A.B.C. The plan should include:

- *—The projected date of closure (graduation of the last class of students)*
- *—Ways and means of ensuring that the enrolled students complete an approved program*
- *—Arrangements for the continuation of services essential to the program during the phasing-out period*
- *—Ways and means of maintaining permanent records of the program and each graduate.*

Upon receipt of the plan, the R.N.A.B.C. reviews the plan and makes arrangements regarding further reviews of the program.

3. LIST OF PROGRAM DOCUMENTS

The following are the documents which were given to the investigator and used as the source of data collection by the investigator:

1. College and University Acadmenic Calendars for 1982-1983.

2. Camosun College-
   - a.) excerpts from the program submissions to the R.N.A.B.C.
     - i.) Beliefs and philosophy
     - ii.) Purpose of program
     - iii.) Curriculum and level objectives
     - iv.) Course Descriptions and Objectives for all nursing courses
     - v.) Course Descriptions and Objectives for all support courses.
   - b.) College Mission and Goal Document
   - c.) Sample modules
   - d.) Sample Clinical Evaluation Tools
   - e.) Exam Blueprints for nursing courses
   - f.) Required Testbook list
   - g.) Timetables for nursing courses
   - h.) Correspondence in Appendix D.

3. Cariboo College-
   - a.) Complete program submission to R.N.A.B.C.
   - b.) Exam Blueprints
   - c.) Timetables for all nursing courses
   - d.) Nursing Assessment Guidelines
   - e.) Correspondence in Appendix D.

4. Okanagan College-
   - a.) Complete program submission to R.N.A.B.C.
   - b.) Exam Blueprints
   - c.) Timetables for all nursing courses
   - d.) Nursing Assessement Guidelines
   - e.) Correspondence in Appendix D.

5. U.B.C.-
   - a.) excerpts from the program submissions to the R.N.A.B.C.
     - i.) Philosophy of the University
     - ii.) Philosophy and beliefs of the nursing program
     - iii.) Purpose of the program
     - iv.) Curriculum and level objectives
     - v.) Course Descriptions and objectives for all nursing courses
     - vi.) Course Descriptions and objectives for some support courses
   - b.) All Clinical Evaluation tools for all nursing courses
   - c.) Exams for some nursing courses
   - d.) Complete Levelling of Nursing Skills Working Document, January 1982.
   - e.) Correspondence in Appendix D.

6. V.C.C.
    - a.) Complete program submission to R.N.A.B.C.
    - b.) All Learning packets
    - c.) Exams for all nursing courses
    - d.) All Clinical Evaluation tools for all nursing courses
    - e.) All timetables for nursing courses
    - f.) Correspondence in Appendix D.

4. SURVEY

October 15, 1982

Dear

RE: B.C. MINISTRY OF EDUCATION
R.N.- B.S.N. PROGRAM COMPARISON PROJECT

With respect to the attached Terms of Reference of this project, I am writing to request your assistance in accomplishing the following component of the study:

1., d., iii.) depth/level of learning and span/width of learning to be measured by a comparison of a sample of specific skill objectives, i.e., one sample from each of the 10 manual skill categories.

In order to accomplish this task, I am requesting that each of the five nursing program heads involved in this study and Sally MacLean, R.N.A.B.C Approval of Schools of Nursing Advisor, perform the selection of a set of objectives which will be described in some depth. As you are a member of this group, I am enlisting your cooperation in completing the enclosed survey.

Following consultation with various individuals involved with this project, the following methodology has been selected to achieve this component of the study:

1) To describe the overall program, level and course objectives of each program's curriculum in terms of:

    a) the level of taxonomy (i.e. verb) and the level of performance (i.e. the student is aided - unaided in achieving the objective), in order to determine the depth of the objective.

b) the context of practice (i.e. the situation in which the student is to perform the task of the objective), in order to determine the scope of the objective.

The accuracy of each program's objectives analysis will be verified with each program. This analysis of the objectives should accomplish the task of describing the depth and scope of content.

It would be advantageous to demonstrate in detail how each program implements the realization of these objectives. However, due to limitations of time and resources, the universal content of each program is beyond the scope of this project. Therefore, I am enlisting your cooperation:

2) To select specific behavioral objectives that will be described in some detail, for instance:
   a) the type and nature of program content
   b) the process of instruction, e.g. timeframe and techniques
   c) the level of performance expected.

The same set of objectives will be described for each of the five programs. The selection of these common behavioral objectives will determined by the completion of the enclosed survey.

This survey tool was developed using the following documents as guidelines:

a) COMPETENCIES AND SKILLS REQUIRED FOR NURSE REGISTRATION FOR A GRADUATE OF A BASIC PROGRAM, INTERIM WORKING DOCUMENT, R.N.A.B.C., March, 1978.

b) ESSENTIAL MANUAL SKILLS FOR A NEW GRADUATE OF A PROGRAM PREPARATORY TO NURSE REGISTRATION R.N.A.B.C., June, 1978.

The rationale for using these two documents as the framework for identifying selected curriculum content are:

1) The R.N.A.B.C.'s COMPETENCIES AND SKILLS document reflects the behaviours expected for new graduates by the nursing profession in B.C. This document encompasses the three domains of learning: cognitive, affective and psychomotor.

2) The R.N.A.B.C.'s ESSENTIAL MANUAL SKILLS document categories, and lists skills required by graduates. Therefore, it is a convenient framework for the psychomotor domain.

3) Both these documents are readily available through and endorsed by the R.N.A.B.C. In addition, as the R.N.A.B.C. is the nursing programs' approvals body, these documents may be used by the five programs being studied.

4) Currently, there are no other guidelines available to nursing educators in B.C. which specifically delineate those behaviours which should be included in a preparatory R.N. or B.S.N. curriculum.

In conclusion, please complete this survey keeping in mind that there is a limitation of time and resources which does not enable me to describe all the content in each of the programs.

Please complete this survey prior to the N.E.C.B.C. meeting October 21 and 22. Liza Kallstrom will collect the completed survey on October 21, at this meeting. I will tabulate the responses and present the findings to you on October 22, when I will be attending the meeting.

Thank you in advance for your cooperation. By completing this survey, you have reduced the bias of the selection process.

I will be using this set of objectives as part of the framework for the on-site visits.

If you require further information, please contact me at 734-0536.

Sincerely,

Pauline Zabawski
2610 MacKenize Street
Vancouver, B.C.
V6K 4A1

cc: Liza Kallstrom

Attachment: Terms of Reference

Enclosure: Survey
Envelope

B.C. MINISTRY OF EDUCATION

R.N. - B.S.N. PROGRAM COMPARISON PROJECT

SURVEY TO SELECT A SET OF OBJECTIVES FOR A DETAILED DESCRIPTION

PURPOSE

To select a set of nursing objectives that will reflect

- a) the type and nature of program content
- b) the process of instruction of that content (i.e. timeframe, techniques, etc.)
- c) the level of performance expected

DIRECTIONS

There are three parts to this survey.

Part A is only applicable to program heads.

Part B and C is to be answered by all.

Part A - General

PLEASE DRAW A CIRCLE AROUND THE ANSWER THAT BEST REFLECTS YOUR PROGRAM.

1. Is the R.N.A.B.C.'s COMPETENCIES AND SKILLS, INTERIM WORKING DOCUMENT, March, 1978 used as a guideline in your program's curriculum? Yes No
2. Is the R.N.A.B.C.'s ESSENTIAL MANUAL SKILLS, June, 1978 Document used as a guideline in your program's curriculum? Yes No

October 15, 1982

Part B - Competencies and Skills

The R.N.A.B.C.'s Interim Working Document entitled COMPETENCIES AND SKILLS REQUIRED FOR A GRADUATE OF A BASIC PROGRAM, March, 1978 states 15 broad competencies and skills in behavioral terms. They are the following items which require your weighting. On a scale of 0 - 5, with "0" as low priority and "5" as high priority, please use your judgement in determining whether the named item should be included in the study.

PLEASE DRAW A CIRCLE AROUND THE ANSWER THAT BEST REFLECTS YOUR JUDGEMENT.

ANSWERS

I PROFESSIONAL BEHAVIORS — Low High

1. Demonstrates responsibility and accountability in nursing practice. 0 1 2 3 4 5
2. Demonstrates socialization into the nursing profession. 0 1 2 3 4 5

II NURSING

A. Nursing Process

3. Accepts the problem-solving process as the basis of nursing practice. 0 1 2 3 4 5
4. Demonstrates cognitive skill in using the problem-solving approach. 0 1 2 3 4 5
5. Demonstrates ability to use the nursing process in providing nursing care. 0 1 2 3 4 5
6. Reports and records accurately and concisely 0 1 2 3 4 5

B. Techniques

7. Demonstrates psychomotor skill in giving nursing care. 0 1 2 3 4 5
8. Uses a repertoire of techniques essential to the provision of nursing care. 0 1 2 3 4 5

C. Patient/Client Teaching

9. Teaches individuals in order to help them meet their learning needs related to health. 0 1 2 3 4 5
10. Guides patients toward a better understanding of their health needs and potentialities. 0 1 2 3 4 5

III INTERPERSONAL RELATIONSHIPS _ (social, therapeutic, professional)

11. Demonstrates a caring attitude in giving nursing care.	0	1	2	3	4	5
12. Demonstrates communication skill in the practice of nursing.	0	1	2	3	4	5
13. Demonstrates ability to work cooperatively within the health team in the provision of nursing care.	0	1	2	3	4	5

IV ADMINISTRATIVE BEHAVIOURS - (Behaviours involving planning, organizing, directing, controlling and evaluating the care of patients and the work of others).

14. Demonstrates leadership ability in the provision of nursing care.	0	1	2	3	4	5
15. Demonstrates organizational ability in providing nursing care.	0	1	2	3	4	5

16. What number of items from this list would you consider to be a reasonable number of items to describe in some detail?	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15

Part C - Essential Manual Skills

The R.N.A.B.c.'s document entitled ESSENTIAL MANUAL SKILLS FOR A NEW GRADUATE OF A PROGRAM PREPARATORY TO NURSE REGISTRATION, June, 1978, classifies the skills into 10 broad categories. They are the following items which require your weighting. On a scale of 0 - 5, with "0" as low priority and "5" as high priority, please use your judgement in determining whether the named item should be included in the study.

PLEASE DRAW A CIRCLE AROUND THE ANSWER THAT BEST REFLECTS YOUR JUDGEMENT.

	Low					High
1. Do physical assessment techniques.	0	1	2	3	4	5
2. Administer Personal Hygiene.	0	1	2	3	4	5
3. Provide Comfort Measures.	0	1	2	3	4	5
4. Maintain Fluid and Nutritional Balance.	0	1	2	3	4	5

5.	Administer Medications.	0	1	2	3	4	5
6.	Carry Out Aspetic Procedures.	0	1	2	3	4	5
7.	Carry Out Procedures.	0	1	2	3	4	5
8.	Assist with Procedures.	0	1	2	3	4	5
9.	Manipulate, Operate and Care for Equipment.	0	1	2	3	4	5
10.	Ambulate and Transport Patients.	0	1	2	3	4	5
11.	What number of items from this list would you consider to be a reasonable number of items to describe in some detail?		1	2	3	4	5
			6	7	8	9	10

SIGNATURE

Thank you for your cooperation in completing this survey.

Pauline Zabawski

5. GUIDELINES FOR ON-SITE VISIT

A. Questions on Selected Objectives

- attached

B. Clarification and Verification of Data Collected

- included

SUMMARY OF DATA OF SURVEY TO SELECT A SET OF OBJECTIVES FOR A DETAILED DESCRIPTION

I. COMPETENCIES AND SKILLS

	Responses	Total of Responses	Mean
I PROFESSIONAL BEHAVIORS			
1. Demonstrates responsibility and accountability in nursing practice.	5+1+5+5+5+1	22/6	3.6
2. Demonstrates socialization into the the nursing profession.	1+5+3+3+5	17/5	3.4
II NURSING			
A. Nursing Process			
3. Accepts the problem-solving process as the basis of nursing practice.	1+2+5+5+1	14/5	2.8
4. Demonstrates cognitive skill in using the problem-solving approach.	4+5+5+5+5	24/5	*4.8
5. Demonstrates ability to use the nursing process in providing nursing care.	5+1+5+5+5+5	26/6	*4.3
6. Reports and records accurately and concisely.	1+3+5+5+1	14/5	2.8
B. Techniques			
7. Demonstrates psychomotor skill in giving nursing care.	5+1+4+3+4+5	22/6	3.6
8. Uses a repertoire of techniques essential to the provision of nursing care.	5+5+3+4+1	18/5	3.6
C. Patient/Client Teaching			
9. Teaches individuals in order to help them meet their learning needs related to health.	3+3+3+3+5	17/5	3.4
10. Guides patients toward a better undersanding of their health needs and potentialities.	5+4+5+3+4+5	26/6	*4.3
III INTERPERSONAL RELATIONSHIPS (social, therapeutic, professional)			
11. Demonstrates a caring attitude in giving nursing care.	5+5+3+2+1+5	21/6	2.6
12. Demonstrates communication skill in the practice of nursing.	5+4+5+5+4+5	28/6	*4.6
13. Demonstrates ability to work cooperatively within the health team in the provision of nursing care.	1+4+4+3+1	13/5	4.0
IV ADMINISTRATIVE BEHAVIOURS (Behaviours involving planning, organizing, directing, controlling and evaluating the care of patients and the work of others).			
14. Demonstrates leadership ability in the provision of nursing care.	1+4+5+5+5	20/5	4.0
15. Demonstrates organizational ability in providing nursing care.	5+5+5+3+4+5	27/6	*4.5
16. What number of items from this list would you consider to be a reasonable number of items to describe in some detail?	5+7+3+3+4 or 5	23/5	4.6

*The fine competencies and skills which will be described in some detail.

II. **QUESTIONS (Competencies and Skills)**

I will be requiring the answers to the following four questions for each of the five selected overall competencies and skills, as well as, the contributing competencies and skills listed under each of the overall competencies and skills.

1. What content is taught to achieve the competency and skill?
2. In which course is the content taught?
3. What amount of time is devoted to the content that is taught?
4. How is the competency and skill evaluated in:

   a. The classroom, if applicable?
   b. The lab, seminar or tutorial, if applicable?
   c. The hospital setting, if applicable?
   d. The community setting, if applicable?
   e. Other?

The contributing Competencies and Skills for the five selected Competencies and Skills are:

4. Demonstrates cognitive skill in using the problem-solving approach.

   4.1 Uses appropriate sources of data collection.
   4.2 Recognizes significant data.
   4.3 Interprets data knowledgeably.
   4.4 Validates interpretations systematically.
   4.5 Bases conclusions on sufficient data and the interpretations.
   4.6 Formulates an appropriate course of action based on the conclusions.
   4.7 Evaluates the outcomes systematically.

5. Demonstrates ability to use the nursing process in providing nursing care.

   5.1 Assess the patient.
   5.2 Plans nursing care.
   5.3 Implements the plan of care.
   5.4 Evaluates the outcomes of nursing care.
   5.5 Takes action based on the evaluation.

10. Guides patients toward a better understanding of their health needs and potentialities.

    10.1 Recognizes indicators of the need for health counselling.
    10.2 Explores with the patient the nature of the problem.
    10.3 Identifies with the patient alternative ways to dealing with the problem.
    10.4 Explains to the patient and family the services provided by various members of the health team.
    10.5 Assists the patients to select the appropriate alternative.
    10.6 Supports the patient in taking action relative to his decision.

12. Demonstrates communication skill in the practice of nursing.

    12.1 Establishes a climate conducive to effective communication.
    12.2 Displays an objective attitude.
    12.3 Uses verbal and non-verbal language appropriate to the situation.
    12.4 Listens carefully.
    12.5 Perceives verbal and non-verbal cues.
    12.6 Interprets verbal and non-verbal behavior.
    12.7 Validates interpretation.
    12.8 Responds appropriately to the verbal or non-verbal behavior.

15. Demonstrates organizational ability in providing nursing care.

    15.1 Sets priorities for the nursing care of an assigned group of patients.
    15.2 Delegates nursing care activities to appropriate personnel.
    15.3 Supervises auxiliary nursing personnel.
    15.4 Evaluates the nursing care given by auxiliary nursing personnel.
    15.5 Takes responsibility for nursing care activities delegated to others.

III. SUMMARY OF DATA OF SURVEY TO SET OF OBJECTIVES FOR A DETAILED DESCRIPTION

ESSENTIAL MANUAL SKILLS	Responses	Total of Responses	Mean
1. Do physical assessment techniques	4,5,4,5,3,5	26/6	*4.3
2. Administer personal hygiene	2,2,1,5,5	15/5	3.0
3. Provide comfort measures	2,1,1,5,5,5	19/6	3.2
4. Maintain fluid and nutritional balance	4,3,4,5,4,4	24/6	*4.0
5. Administer medications	2,4,4,5,5,5	25/6	*4.2
6. Carry out aspetic procedures	5,4,2,5,3,5	24/6	*4.0
7. Carry out procedures	5,5,3,2,3	18/5	3.6
8. Assist with procedures	5,3,1,2,3	14/5	2.8
9. Manipulate, operate and care for equipment	5,2,1,4	12/4	3.0
10. Ambulate and transport patients	3,3,4,4	14/4	3.5
11. What number of items from this list would you consider to be a reasonable number of items to describe in some detail?	3,3,4 or 5,3,2	16/5	3.2

IV. QUESTIONS (Essential Manual Skills)

I will be requiring the answers to the following questions for each of the four selected categories of manual skills:

1. What skills are included under each of four categories for your program?
2. What is the specific content areas included for each of the skills?
3. In which course is the content taught?
4. What amount of time is devoted to the content that is taught?
5. How is the skill evaluated in:

    a. The classroom, if applicable?
    b. The lab, seminar or tutorial, if applicable?
    c. The hosptial setting, if applicable?
    d. The community setting, if applicable?
    e. Other?

I will have some of this information from the Skills Lists, Clinical Evaluation Tools, Course Objectives, etc. Therefore, it will be only necessary to confirm the answers.

Thank you for cooperating with the survey!

Pauline

Pauline Zabawski

V. Questions

The following are an expanded set of questions which have been suggested during the first on-site visits. These questions may provide further direction to prepartion of materials for your visit.

1. Which of the terminal or curriculum objectives, stated in the curriculum of your program correspond to each of the five selected competencies and skills?

2. How is the nursing process taught and evaluated in your program?

   a. Is it taught as a unit or in parts?
   b. Are phases of the nursing process emphasized in selected semesters, terms or years?
   c. Is there a differentation between problem-solving and the nursing process in your program?
   d. What is the relationship between Competencies 4 and 5, stated, approached in your program?
   e. In which course or courses is the nursing process taught in your program?
   f. Is it possible to identify the actual time spend in teaching and evaluating the nursing process in your program?
   g. Which textbooks are presently being used in your program as a resource for teaching the nursing process?

3. In which course is the following taught, evaluated and which textbooks are used as a resource for the teaching this:

   a. Patient Teaching
   b. Communication Skills
   c. Organizational Skills

4. Is student competency or proficiency with psychomotor skills evaluated or tested in the educational setting prior to performance in the practice setting?

FURTHER DOCUMENTATION THAT IS REQUIRED TO DESCRIBE THE EDUCATIONAL CONTENT AND METHODOLOGY OF NURSING PROGRAMS

a. Proficiency or skills lists
b. Timetables for Nursing and support courses (i.e. weekly schedule of content covered in classroom, lab, seminars, tutorials, etc..)
c. Blueprints for exams.

Thank you,

Pauline Zabawski
December 1, 1982

CORRESPONDENCE

Province of
British Columbia

OFFICE OF THE
DEPUTY MINISTER OF EDUCATION

Ministry of
Education

Victoria
British Columbia
V8V 1X4
Telephone (604) 387-5191

July 8, 1982

MINISTRY OF EDUCATION
Post-Secondary Department
Program Services Division - Richmond

JUL 1 6 1982

JUL 1 4 1982

Dr. Marilyn Willman, Director
School of Nursing
University of British Columbia
Vancouver, B. C.

Dear Dr. Willman:

The Ministry of Education is currently engaged in two studies, the objective being to make certain that the College nursing programs are meeting expectations and the needs of the industry.

One study involves a committee charged with the general responsibility of studying the impact of offering the current two-year Nursing program over a three calendar year period. The Committee is comprised of Terry Clement and K. A. MacIver of the Ministry of Education; Hugh McGann of the Ministry of Health, Don Couch of the Academic Council and either Sally MacLean or Pat Cutshell (as appropriate) of the R.N.A.B.C. E. Kallstrom of the Ministry is functioning as secretariat to the Committee.

The second study is being done by Pauline Zabawski, under contract with the Ministry, and involves a comparison of the various College nursing programs. Such a comparison cannot be meaningfully accomplished without reference to the degree program at U.B.C. What is required is a better understanding of the qualitative differences between diploma and baccalauriate programs in nursing. Therefore, in order to facilitate this relatively detailed curriculum comparison, we would greatly appreciate obtaining a copy of U.B.C.'s curriculum submission to the R.N.A.B.C. (the full report) and a copy of the selection criteria for post-basic students.

If you require further information, please contact Ms. Liza Kallstrom, Department of Education, 7451 Elmbridge Way, Richmond, phone 278-3433.

Yours truly,

Grant L. Fisher
Assistant Deputy Minister
Post-Secondary

cc: A. Soles, A/Deputy Minister
Universities, Science & Communication

L. M. Wedipohl, Dean of Applied Science, U.B.C.

bcc: T. Clement
L. Kallstrom (cont)
8 Jul 82

Province of
British Columbia

Ministry of
Education

Post-Secondary Department
7451 Elmbridge Way
Richmond
British Columbia
V6X 1B8
Phone: (604) 278-3433

July 13, 1982

Ms. Thelma Brown
Director
Nursing Program
Camosun College
1950 Lansdowne Road
Victoria, B.C.
V8P 5J2

Dear Thelma:

As you are aware, the Ministry of Education is currently undertaking a study to compare the educational content of four College diploma nursing programs with the generic baccalaureate program at U.B.C. The four College programs are -- Camosun, Cariboo, Okanagan and Vancouver Community College.

The study will be carried out by Pauline Zabawski, under contract with the Ministry. She will contact you later this summer to arrange for a visit to your College to meet with you and your curriculum coordinator in order to discuss recent curriculum revisions.

I would greatly appreciate it if you would send Pauline a copy of your program submission to the R.N.A.B.C. Her address is:

Ms. Pauline Zabawski
2610 MacKenzie Street
Vancouver, B.C.
V6X 4A1

If you require additional information about the study please call me at 278-3433 or Terry Clement at 387-3658.

Thank you for your cooperation with our project.

Yours very truly,

E. Kallstrom
Coordinator
Health Programs

EK/mew

c.c. Dr. T. Clement

Province of
British Columbia

Ministry of
Education

7451 Elmbridge Way
Richmond
British Columbia
V6X 1B8
Phone 278-3433

13 July, 1982.

Ms. Mary Kruger,
Director,
Nursing Program,
Vancouver Community College,
Langara Campus,
100 W. 49th Avenue,
Vancouver, B.C.,
V5Y 2Z6.

Dear Mary:

As you are aware, the Ministry of Education is currently undertaking a study to compare the educational content of 4 College diploma nursing programs with the generic baccalaureate program at U.B.C. The 4 College programs are -- Camosun, Cariboo, Okanagan and Vancouver Community College.

The study will be carried out by Pauline Zabawski under contract with the Ministry. She will contact you later this summer to arrange for a visit to your College to meet with you and your curriculum coordinator in order to discuss recent curriculum revisions.

If you require further information about the study please call me at 278-3433 or Terry Clement at 387-3658.

Thank you for your cooperation with our project.

Yours very truly,

E. Kallstrom,
Coordinator,
Health Programs.

EK:ejd

cc: Dr. T. Clement

Province of
British Columbia

Ministry of
Education

7451 Elmbridge Way
Richmond
British Columbia
V6X 1B8
Phone: 278-3433

13 July, 1982.

Ms. J. Funke-Furber,
Director,
Nursing Program,
Cariboo College,
P.O. Box 3010,
900 McGill Road,
Kamloops, B.C.,
V2C 5N3.

Dear Jeanette:

As you are aware, the Ministry of Education is currently undertaking a study to compare the educational content of 4 College diploma nursing programs with the generic baccalaureate program at U.B.C. The 4 College programs are-- Camosun, Cariboo, Okanagan and Vancouver Community College.

The study will be carried out by Pauline Zabawski under contract with the Ministry. She will contact you later this summer to arrange for a visit to your College to meet with you and your curriculum coordinator in order to discuss recent curriculum revisions.

If you require further information about the study please call me at 278-3433 or Terry Clement at 387-3658.

Thank you for your cooperation with our project.

Yours very truly,

E. Kallstrom,
Coordinator,
Health Programs.

EK:ejd

cc: Dr. T. Clement

Province of
British Columbia

Ministry of
Education

Post-Secondary Department
7451 Elmbridge Way
Richmond
British Columbia
V6X 1B8
Phone: (604) 278-3433

July 14, 1982

Ms. Gail Prowse
Director
Nursing Program
Okanagan College
1000 KLO Road
Kelowna, B.C.
V1Y 4X8

Dear Gail:

As you are aware, the Ministry of Education is currently undertaking a study to compare the educational content of four College diploma nursing programs with the generic baccalaureate program at U.B.C. The four College programs are:

Camosun
Cariboo
Okanagan
Vancouver Community College

The study will be carried out by Pauline Zabawski under contract with the Ministry. She will contact you later this summer to arrange for a visit to your College to meet with you and your curriculum coordinator in order to discuss recent curriculum revisions.

If you require further information about the study please call me at 278-3433 or Terry Clement at 387-3658.

Thank you for your cooperation with our project.

Yours very truly,

L. Kallstrom
Coordinator
Health Programs

LK/mew

c.c. Dr. T. Clement

Camosun College 1950 Lansdowne Road, Victoria, British Columbia V8P 5J2 / Phone (604) 592-1281

DIVISION OF HEALTH & HUMAN SERVICES

1982 07 23

Ms. Pauline Zabawski,
2610 MacKenzie Street,
Vancouver, B.C.
V6X 4A1

Dear Ms. Zabawski:

Re: Nursing Program Study - Ministry of Education

I received a letter from Elizabeth Kallstrom asking for a copy of our program submission. Since we are still in the approval process of the R.N.A.B.C., we have several submissions of varying lengths and relevance. The study you are undertaking is an important one and I would like to submit information that is correct and comparable to the other programs. Could you please get in touch with me to clarify the terms of reference of the study and/or itemize specifically the data you require. I can be reached at 592-1281, local 285, as well as the above address.

Yours sincerely,

P.King

for Thelma Brown,
Chairperson,
Nursing Progams.

TB:pk

cc: Elizabeth Kallstrom,
Coordinator, Health Programs,
Ministry of Education.

August 4, 1982

Ms. Thelma Brown
Director
Nursing Program
Camosun College
1950 Lansdowne Road
Victoria, B.C.
V8P 5J2

Dear Thelma

As I promised in our phone conversation of July 28, I am forwarding a copy of the description of the study I have been contracted to perform by the Ministry of Education. I received these Terms of Reference from Lisa Kallstrom on July 5, 1982. This project is to be completed by October 31, 1982.

Evaluation techniques, tools, objectives and strategies may be included as item 1,d),v), if Lisa and Terry Clement agree.

If you require further information, please contact me at 734-0536 after 1330 hours next week and anytime following August 13, 1982.

I look forward to receiving the information required from your program.

Sincerely

Pauline Zabawski
2610 MacKenize Street
Vancouver, B.C.
V6K 4A1

cc: Lisa Kallstrom

Camosun College 1950 Lansdowne Road, Victoria, British Columbia V8P 5J2 / Phone (604) 592-1281

DIVISION OF HEALTH & HUMAN SERVICES

August 23, 1982.

Ms. Pauline Zabawski,
2610 McKenzie St.,
VANCOUVER, B.C.
V6K 4A1

Dear Pauline:

Enclosed are the materials which you have requested for purposes of your Ministry study. In this letter I will describe our teaching approach and how our textbooks are chosen.

At our May 31 Faculty Meeting, we reviewed again the underpinnings of our teaching strategy. Minutes of that meeting are attached. The operationalization of this philosophical stance is one which encourages the student to assume responsibility for his/her own learning. Students are expected to prepare for classes utilizing the theory and/or concept modules. The class time is spent applying the theory to case study situations, reviewing areas of difficulty, or problem solving in other ways. Similarly with the skill modules, the students are expected to do whatever self-study they require and to practice before signing up for a competency test. The competency test is assessed on a pass/fail basis and students must pass the skill before they can go to the clinical area that week for direct patient care experience.

The major textbooks that we are using this year are:

✓Loebl, Spratto, The Nurse's Drug Handbook
✓Phipps, Long, Woods, Medical-Surgical Nursing
✓Kozier, Erb, Fundamentals
✓Atkinson, Murray, Understanding the Nursing Process
✓Ministry of Health, Baby's Best Chance
✓Sackheim, Robins, Programmed Mathematics for Nurses

We are finding that the available textbooks are not particularly well suited to our nursing program. It is very difficult to find textbooks that are oriented to a generalist nursing model. Our faculty members would love to have the time to write a textbook more suitable to our program. Textbook review committees are usually formed in the early Spring based on individual teacher's areas of interest. We have standardized review forms which are completed and considered by the teaching team.

.../2

Camosun College 1950 Lansdowne Road, Victoria, British Columbia V8P 5J2 / Phone (604) 592-1281

DIVISION OF HEALTH & HUMAN SERVICES

Pauline Zabawski
August 23, 1982 2.../

Final choices are discussed with the Team Leaders from both teaching teams to insure continuity between Year I and Year II.

I will conclude this letter with some general comments about the terms of reference which I appreciated receiving from you. I don't know the meaning of the word "specialty" in item 1.d.1. I sincerely hope that with the encouragement of curriculae based on a nursing model this is not the medical model "specialty" of medicine, surgery, pediatrics, obstetrics and psychiatry. To encourage one model and measure with another, seems counter-productive to say the least.

I am unclear about the cognitive and manual skill competency areas mentioned 1.d.3. I may not have submitted the data you wish to have and yet this particular item appears to be a critical one in view of the overall purpose of your study. Perhaps more clarification, to ensure comparable data, could be forthcoming.

I expect to hear from you to make arrangments for the on-site visit. We can perhaps clarify questions at that time.

Yours sincerely,

Thelma Brown

Thelma Brown,
Chairperson,
Nursing Department.

TB: ks
c.c.
Encls.

August 26, 1982

Ms. Gail Prowse
Director, Nursing Program
Okanagan College
1000 KLO Road
Kelowna, B.C.
V1Y 4X8

Dear Ms. Prowse

With reference to Lisa Kallstrom's letter of July 14, I am writing you to provide further information on the project I have been contracted to perform.

Please find enclosed a copy of the description of the study which I received from Lisa Kallstrom on July 5. In addition, Lisa has given me the most recent R.N.A.B.C. program submission of your program and Okanagan College's 1982-83 Calendar. I have reviewed both of these documents in relation to item 1 of the enclosed Terms of Reference. I have several questions which have arisen during this review,which can be clarified during a site visit later this September. However, please send me a copy the textbooks which will be used this fall and next spring.

I will be contacting you later to arrange a site visit, if you require further about this project, please contact me at 734-0536.

I look forward to meeting you next month.

Sincerely

Pauline Zabawski
2610 MacKenize Street
Vancouver, B.C.
V6K 4A1

Cc
cc: Lisa Kallstrom

August 26, 1982

Ms. Jeanette Funke-Furber
Director, Nursing Program
Cariboo College,
P.O. Box 3010,
900 McGill Road
Kamloops, B.C.
V2C 5N3

Dear Jeanette

As I promised in our phone conversation of yesterday, I am forwarding a copy of the description of the study I have been contracted to perform by the Ministry of Education. I received these Terms of Reference from Lisa Kallstrom on July 5, 1992. This project is to be completed by October 31, 1982.

Evaluation techniques, tools, objectives and strategies will be included, to assist in describing the depth/level of competency required by the learner.

I look forward to receiving the information I require to complete Item 1 of these terms of reference.

I will be contacting you later in September to arrange an on-site visit to verify the interpretation I have given your program.

If you require further information, please contact me at 734-0536.

Thank you for being so cooperative and supplying me with the draft of your program submission, Aproval Criterias 1 and 2.

Sincerely

Pauline Zabawski
2610 Mackenize Street
Vancouver, B.C.
V6K 4A1

cc: Lisa Kallstrom

Memo to: Mary Kruger
Chairman, Nursing Program
Vancouver Community College
Langara Campus

From: Pauline Zabawski

Date: August 27/82

RE: MINISTRY OF EDUCATION PROJECT ON RN - BSN COMPARISON

As I promised in our phone conversation of August 25, I am leaving you some information on this project which I have been contracted to perform.

Please find enclosed, the following;

1. Terms of Reference of the project which I received from Lisa Kallstrom on July 5.
2. A list of questions which I need clarified before I can continue.
3. Profile
3. Profile cards which I have developed using your last R.N.A.B.C. program submission and the VCC (Langara) Calendar 1982 and 1983.

Mary, in addition, to Item 1 of the Terms of Reference, I will be using clinical evaluation tools and classroom evaluation techniques to describe the depth and level of competency required by students. to meet objectives.

I would appreciate any assistance you can provide me toward completing this project by October 31, 1982.

I look forward to our brief meeting on August 31, 1982, so the questions I have may be addressed.

Have a great weekend! If you require further information, please contact me at 734-0536.

Pauline Zabawski
2610 MacKenize Street
Vancouver, B.C.
VGK 4A1

MEMO TO: Dr. Marilyn Willman
Director
UBC School of Nursing

From: Pauline Zabawski

Date: August 27, 1982

RE: B.C. MINISTRY OF EDUCATION PROJECT
RN - BSN PROGRAM COMPARISON

Please find attached the Terms of Reference of this project which I received from Lisa Kallstrom on July 5. ~~Item 1 is the research design for this project.~~ Evaluation techniques, tools and strategies will also be included, in order to describe the level of expectation that is required of students in the individual programs.

The sources of data I am using are:

1.) The individual program's R.N.A.B.C. submission reports, in particular, the content included under Approval Criteria 1 and 2.

2.) The educational institutions Calendars for 1982 - 1983.

I will be making site visits, to clarify and verify the data I have collected, during September and early October.

The final synthesize of findings will be forwarded to the Ministry of Education by October 31, 1982.

I would appreciate any suggestions you have for this project.

If you require any further information about this project, please contact me at 734-0536. I will be a full-time graduate student this fall, so it may be easier to contact me by mail at

2610 MacKenize Street
Vancouver, B.C.
V6K 4A1

Thank you, in advance, for any information and assistance that you will provide.

Pauline Zabawski

Pauline Zabawski

THE UNIVERSITY OF BRITISH COLUMBIA
I.R.C. 341 - 2194 HEALTH SCIENCES MALL
VANCOUVER, B.C. V6T 1W5

THE SCHOOL OF NURSING

August 31, 1982.

Ms. Pauline Zabawski
2610 Mackenzie Street
Vancouver, B.C.
V6K 4A1

Dear Ms. Zabawski:

Enclosed are the documents requested in Mr. Fisher's letter and in my discussion with you on August 27. Specifically, these are the School's R.N.A.B.C. submissions related to Criteria 1 and 2 as set forth in the approval of schools document. As we determined, you have a copy of the 1982/83 U.B.C. Calendar.

Please contact me if there are questions regarding the above material. I look forward to reviewing the U.B.C. material prior to the inclusion in your report.

Yours sincerely,

Marilyn D. Willman

Marilyn D. Willman, R.N., Ph.D.,
Professor and Director.

Enclosures.

MDW/th

OKANAGAN COLLEGE 1000 KLO Road, Kelowna, B.C. V1Y 4X8 Telephone 762-5445

September 16, 1982

Pauline Zabawski
2610 Mackenzie Street
Vancouver, B.C.
V6K 4A1

Dear Pauline:

We are pleased to be participants in your study of diploma and degree programs in nursing education. The textbooks listed are the ones presently being used although our faculty will be reconsidering the Medical-Surgical Nursing text and Pediatric text this October with the possibility of changing them for Winter semester.

Looking forward to meeting you during your site visits.

Sincerely,

Gail Prowse

Gail Prowse
Coordinator, Practical
& Diploma Nursing Programs

GP/rb

Attachment

CENTRES IN
● REVELSTOKE ● KELOWNA ● SALMON ARM ● SUMMERLAND ● ARMSTRONG ● PENTICTON ● VERNON ● OSOYOOS

MEMO TO: Dr. Marilyn Willman
Director
UBC School of Nursing

FROM: Pauline Zabawski

DATE: Sept. 29, 1982

RE: B.C. Ministry of Education Project
RN-BSN Program Comparison

Thank you for your willingness to advise me on the research design for the following component of this descriptive study:

> 1., a., iv., C., Depth/level of learning and span/width of learning to be measured by a comparison of a sample from e each of the 6 cognitive competency areas, and one sample from each of the 10 manual skill categories.(Please refer to the Project's Terms of Reference.)

I understand the purpose for such a task is to describe the level or depth and width or span of educational content which each of the five programs include in their curriculums. Each of the four college nursing programs will then be compared to the U.B.C. B.S.N. program. Please find attached two possible proposals for accomplishing this task. I will welcome any suggestions you may have.

In addition, I will bring the draft work I have prepared, based on the program submissions of the B.S.N program and the U.B.C. Calendar. However, I will require the following before I can complete the data collection:

1.) The clinical evaluation tools presently being used in the program.
2.) The course objectives for all required courses that are presently being used. (ie- excluding electives.) If these are not available from you, please suggest were I can obtain them. (ie- courses not being taught by the School of Nursing.)
3.) The Selections Criteria used for entering registered nurses, other than those stated in the 1982-1983 U.B.C. Calendar.
4.) Any documents which are being used in the B.S.N. program which describe the expected level of performance for manual skills. (eg.- proficiency skills lists)

I look forward to our meeting tomorrow and your comments on the proposals. The Ministry of Education staff would welcome an alternate research design if either of these do not meet with your satisfaction.

Thank you

Pauline Zabawski

Pauline Zabawski

P.S. - Sept 30
I apologize that this
covering letter
was not included
in the material
I sent you
yesterday
P.Z.

RESEARCH PROPOSAL # 1

A.. SUMMARY

An analysis of the course objectives for each of the required courses of each program would be accomplished by using a taxomony to describe the level of competency as indicated by the wording of the objectives.. An analysis of the level of expectation would be accomplished by using the same taxonomy to describe the clinical evaluation. Therefore, the three domains of learning would be described leading to the differentiating of the level and span of learning.in each program.

B.) PROTOCOL

1.) The objective is to describe the depth/level of content included in each of the five programs.

2.) An article is attached which will describe the framework that could be used to describe the objectives.

3.) The general strategy to conduct this study would be:

a.) To use the R.N.A.B.C.'s COMPETENCY AND SKILLS Working Document (enclosed) as the conceptual framework for grouping the level and course objectives.

b.) Bloom's taxonomy would be used for the cognitive domain and Krathwohl's taxonomu for the affective domain.

c.) The level of competency for the psychomotor domain could also be described using this method ... or .... the proficiency lists developed in most programs could be used.

4.) The criteria for the success of this design would be dependent upon agreement by all five program heads. In addition,

a.) all objectives would have to be those currently in use.

b.) all objectives are well written.

c.) all program heads verify the taxonomic level determined.

5.) Advantages

- all encompassing

Disadvantages

- time consumming
- large amount of data.

RESEARCH PROPOSAL #2

A..SUMMARY

An analysis of the content and performance level of selected competencies and skills would be accomplished by describing the content included, presented and evaluated for each selected behavior.

B. Protocol

1.) The objective is to describe the depth/level and scope of selected behaviors taught in each of the five programs.

2.) The general strategy to conduct this study would be to use:

a.) the R.N.A.B.C.'s Competency and Skills Working Document and the R.N.A.B.C.'s Essential Manuel Skills Document as the competencies and skills included in all programs.

b.) The five nursing program heads plus Sally Maclean would be asked to select the specific competencies and skills.

c.) each selected area to be investigated would be described in depth including the taxonomic level, specific content and teaching methodology.

3.) The criteria for success of this design would be dependent upon cooperation by all program heads and Sally MacLean. (Mary Krueger does not agree with this design)

4.) Advantages

-conservation of time

-a study which may be more easy to read and digest

Disadvantages

-may not accurately represent the total program (Mary's objection

-content emphasis in courses changes with different faculty

November 12, 1982

Mrs. Thelma Brown
Chairperson, Nursing Programs
Camosun College
1950 Lansdowne Road
Victoria, B.C.
V8P 5J2

Dear Thelma

Re: Ministry of Education
R.N. - B.S.N. Program Comparison Project

In preparation for my on-site visit, November 19, 1982, I am forwarding Guidelines for the On-Site Visit (Attached). As outlined, there are two objectives for the visit, they are:

a.) to collect data on the selected competencies and skills
b.) to review the data I have compiled to date.

The data I am collecting on part a.) will be used by me in this study, to describe the educational content and the process of instruction or methodology of the educational process. I will not be using the data to evaluate your program, students or graduate performance, etc.. I am willing to alter or expand the questions I have poised in relation to the selected competencies and skills, if you do not perceive that these questions do not encompass the intent to describe content or methodology.
The data I have compiled to date and wish to receive feedback on, includes the following:

a.) Summary of the Philosophy of the College.
b.) Overview of the Philosophy of your nursing program.
c.) Summary of the Major Units from your Model of Nursing.
d.) Student Admission requirements fro entry to your program.
e.) Semester Profiles.
f.) Instructional Hours Overview.
g.) Description of the terminal and level objectives.
h.) Description of the textbooks and instructional aides.

The data from the last two items will be available at the time of my visit(perhaps before).
I have also included the following reference material, which may provide you with further information on the methodology I have selected for this descriptive study:

CNA . A DEFINITION OF NURSING PRACTICE
. STANDARDS FOR NURSING PRACTICE, CANADIAN NURSES ASSOCIATION, Ottawa, June 1980, pages 17-22.

GEISSLER, Elaine M. "Matching Course Objectives to Course Content", NURSING OUTLOOK, September, 1974, Vol. 22, No. 9, pages 579-582.

..../2

Morris, Lynn Lyons and Fitz-Gibbon, Carol Taylor, HOW TO DEAL WITH GOALS AND OBJECTIVES, Beverly Hills/ Sage Publications. 1978.

At the time of my visit, I would appreciate the answers to all the questions I have stated. However, if this information is not available on November 19, 1982, I hope to receive the information by December 7, 1982.

I am returning your copy of my letter of October 15, 1982, which was enclosed with your completed survey.

I look forward to our meeting on Friday, November 19. I will meet you at your office at 10:30 a.m.. I will be available to you and your faculty for the remainder of the day.

If you require further information before my visit, please contact me at 734-0536. I am usually at this number Tuesdays, Wednesdays and Fridays before 11:30 a.m..

Sincerely

Pauline Zabawski
2610 MacKenize Street
Vancouver, B.C.
V6K 4A1

cc: Liza Kallstrom

Enclosures:

November 18, 1982

Mrs. Jeanette Funke-Furber
Director, Nursing Program
Cariboo College
P.O. Box. 3010
900 McGill Road
Kamloops, B.C.
V2C 5N3

Dear Jeanette

RE: B.C. MINISTRY OF EDUCATION
R.N. - B.S.N. PROGRAM COMPARISON PROJECT

In preparation for my on-site visit, I am forwarding guidelines for the visit, they are attached. As outlined, there are two objectives for the visit, they are:

a.) to collect data on the selected competencies and skills, and
b.) to review the data I have compiled to date.

The data I am collecting on part a.) will be used by me in this study, to describe the educational content and the process of instruction or methodology of the educational process. I will not be using the data to evaluate your program, students or graduates performance, etc.. I am willing to alter or expand the questions I have poised in relation to the selected competencies and skills, if you perceive that these questions do not encompass the intent to describe content or methodology.
The data I have compiled to date and wish to receive feedback on, includes the following:

a.) Summary of the Philosophy of the Educational Institution.
b.) Overview of the Philosophy of your nursing program.
c.) Summary of the Major Units from you Model of Nursing.
d.) Student Admission Requirements for entry to your program.
e.) Semester or Term Profiles.
f.) Instructional Hours Overview.
g.) Description of the terminal and level objectives using the coding sheet I have developed.
h.) Description of the textbooks and instructional aides.

The data from the last two items will be available at the time of my visit (perhaps before).
I have also included the following reference material, which may provide you with further information on the methodology I have selected for this descriptive study:

CNA.A DEFINITION OF NURSING PRACTICE
.STANDARDS FOR NURSING PRACTICE, CANADIAN NURSES ASSOCIATION,
Ottawa, June, 1980, pages 17-22.

..../2

CODE SHEET AND CATEGORIES for describing the objectives.

GEISSLER, Elaine M. "Matching Course Objectives to Course Content", Nursing Outlook, September, 1974, Vol. 22, No. 9, pages 579-582.

Morris, Lynn Lyons and Fitz-Gibbon, Carol Taylor, HOW TO DEAL WITH GOALS AND OBJECTIVES, Beverly Hills/Sage Publications, 1978.

In addition to the questions I have asked on the enclosed data, I require an answer to a very important question about the instructional hours or out-of-class workload of students in your program. The question is:

> WHAT IS THE AVERAGE NUMBER OF HOURS OF HOMEWORK REQUIRED EACH WEEK BY THE STUDENT FOR SUCCESSFUL COMPLETION OF EACH COURSE IN YOUR PROGRAM? IF THIS QUESTION CAN NOT BE ANSWERED FOR YOUR PROGRAM, PLEASE SPECIFY THE RATIONALE OF INABILITY TO CALCULATE THESE HOURS.

The rationale for asking this question is that Camosun College uses in-class workload and out-of-class workload to determine the instructional hours per week based on the instructional technique of independent learning modules. Therefore, to accurately compare the amount of instruction and student workload between the five programs, comparable data must be used by anyone making comparisons between the programs.
I am willing to accept an anwser to this question that states that this data is not available until further research has been completed.
At the time of my visit, I would appreciate the answers to all the questions I have poised. However, if this information is not available, I hope to receive the information by December 10, 1982.
I look forward to our meeting on Friday, November 26, 1982. I will be arriving in Kamloops the evening before, and leaving Kamloops at 7:50 pm. on November 26. I will available to you and your faculty all day Friday, however, I am not sure of the time I will meet you at the college. Therefore, I will phone you next week, to confirm the starting time of our meeting.
If you require further information before my visit, please contact me at 734-0536. I am usually at this number Tuesday and Wednesday before 11:30am. and after 8:00pm.. I will be visiting Gail Prowse in Kelowna on November 25, if there is any change in your plans for our meeting.

Sincerely

Pauline Zabawski
2610 MacKenize Street
Vancouver, B.C.
V6K 4A1

CC: Liza Kallstrom

November 18, 1982

Ms. Gail Prowse
Coordinator, Practical and
Diploma Nursing Programs
Okanagan College
1000 KLO Road
Kelowna, B.C.
V1Y 4X8

Dear Gail

RE: B.C. MINISTRY OF EDUCATION
R.N. - B.S.N. PROGRAM COMPARISON PROJECT

In preparation for my on-site visit, I am forwarding quidelines for the visit, they are attached. As outlined, there are two objectives for the visit, they are:

a.) to collect data on the selected competencies and skills, and
b.) to review the data I have compiled to date.

The data I am collecting on part a.) will be used by me in this study, to describe the educational content and the process of instruction or methodology of the educational process. I will not be using the data to evaluate your program, students or graduates performance, etc.. I am willing to alter or expand the questions I have poised in relation to the selected competencies and skills, if you perceive that these questions do not encompass the intent to describe content or methodolcgy.
The data I have compiled to date and wish to receive feedback on, includes the following:

a.) Summary of the Philosophy of the Educational Institution.
b.) Overview of the Philosophy of your nursing program.
c.) Summary of the Major Units from you Model of Nursing.
d.) Student Admission Requirements for entry to your program.
e.) Semester or Term Profiles.
f.) Instructional Hours Overview.
g.) Description of the terminal and level objectives using the coding sheet I have developed.
h.) Description of the textbooks and instructional aides.

The data from the last two items will be available at the time of my visit (perhaps before).
I have also included the following reference material, which may provide you with further information on the methodology I have selected for this descriptive study:

CNA. A DEFINITION OF NURSING PRACTICE
. STANDARDS FOR NURSING PRACTICE, CANADIAN NURSES ASSOCIATION, Ottawa, June, 1980, pages 17-22.

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CODE SHEET AND CATEGORIES for describing the objectives.

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Morris, Lynn Lyons and Fitz-Gibbon, Carol Taylor, HOW TO DEAL WITH GOALS AND OBJECTIVES, Beverly Hills/Sage Publications, 1978.

In addition to the questions I have asked on the enclosed data, I require an answer to a very important question about the instructional hours or out-of-class workload of students in your program. The question is:

> WHAT IS THE AVERAGE NUMBER OF HOURS OF HOMEWORK REQUIRED EACH WEEK BY THE STUDENT FOR SUCCESSFUL COMPLETION OF EACH COURSE IN YOUR PROGRAM? IF THIS QUESTION CAN NOT BE ANSWERED FOR YOUR PROGRAM, PLEASE SPECIFY THE RATIONALE OF INABILITY TO CALCULATE THESE HOURS.

The rationale for asking this question is that Camosun College uses in-class workload and out-of-class workload to determine the instructional hours per week based on the instructional technique of independent learning modules. Therefore, to accurately compare the amount of instruction and student workload between the five programs, comparable data must be used by anyone making comparisons between the programs.
I am willing to accept an anwser to this question that states that this data is not available until further research has been completed.
At the time of my visit, I would appreciate the answers to all the questions I have poised. However, if this information is not available, I hope to receive the information by December 10, 1982.
I look forward to our meeting on Thursday, November 25, 1982. I will be arriving on P.W.A. flight number 100 at 8:53 am., thank you in advance for picking me up at the airport. I will be leaving for Kamloops at 4:45 pm., so I will be available to you and your faculty for the entire day, if you wish.
If you require further information before my visit, please contact me at 734-0536. I am usually at this number Tuesdays, Wednesdays and Fridays before 11:30am. and after 8:00 pm.

Sincerely

Pauline Zabawski
2610 MacKenize Street
Vancouver, B.C.
V6K 4A1

cc: Liza Kallstrom

December 1, 1982

Ms. Gail Prowse
Coordinator, Practical and
Diploma Nursing Programs
Okanagan College
1000 KLO Road
Kelwna, B.C.
V1Y 4X8

Dear Gail

RE: B.C. MINISTRY OF EDUCATION
R.N. - B.S.N. PROGRAM COMPARISON PROJECT

As a follow up to my recent pleasant visit to you, I am enclosing a list of questions which we could not address. I have and will be asking all the chairman of the nursing programs these same questions.

I am still waiting for the results of the research I have done to determine the accuracy of the coding method I have developed. Therefore, at present, I am unable to send you the description of the objectives. Hopefully, this will completed shortly.

Thank you again the enjoyable day I had with your faculty, dean and you. I appear to have recovered from my illness, following my return to Vancouver.

If you require further information, please contact me at 734-0536.

Sincerely

Pauline

Pauline Zabawski
2610 MacKenize Street
Vancouver, B.C.
V6K 4A1

cc: Liza Kallstrom

okanagan college 1000 KLO Road, Kelowna, B.C. V1Y 4X8 Telephone 762-5445

December 23, 1982

Pauline Zabawski
2610 MacKenzie Street
Vancouver, B.C.
V6K 4A1

Dear Pauline:

The second set of questions proved to be most helpful. We originally tried to answer the first set by each teacher attempting to estimate the time devoted to those objectives within his/her content and found it a horrendous job yielding unreliable results. These objectives being such broad end goals are so much the product of the whole socialization that to be exact about "what content", "what number of hours" is like trying to pull out all the membranes of an orange and say this is what it looks like and where it is inside.

We are hoping that you do not think this is a cop out and that from the broader stuff you are still getting comparable data. We feel a special sympathy for your task, and are pleased if the study becomes a medium for more discussion and understanding of nursing education within the Ministry. Keep up the good work and best wishes with your degree goals.

Yours truly,

Gail

Gail Prowse
Coordinator, Practical
& Diploma Nursing Programs

GP/rb

Attachment

CENTRES IN
● REVELSTOKE ● KELOWNA ● SALMON ARM ● SUMMERLAND ● ARMSTRONG ● PENTICTON ● VERNON

Camosun College 1950 Lansdowne Road, Victoria, British Columbia V8P 5J2 / Phone (604) 592-1281

DIVISION OF HEALTH & HUMAN SERVICES

1982 12 23

Ms. Pauline Zabawski,
2610 MacKenzie St.,
VANCOUVER, B.C.
V6K 4A1

Dear Pauline:

Your letter of Dec. 1 requests a set of timetables and these are attached. The documentation requested at the on-site visit has been sent to you by Helen Estey. The only point I'd like to add now is in regards to the out-of-class workload hours. These are currently under review at Camosun College and may be revised in the future. Perhaps you could note this on your "Semester or Term Profiles" documentation.

Thank you.

Sincerely,

Thelma

Thelma Brown,
Coordinator,
Nursing Programs.

TB/kis
/attachs.
c.c.

THE UNIVERSITY OF BRITISH COLUMBIA

INTERDEPARTMENTAL
MEMORANDUM

TO Pauline Zabawski

FROM Dr. Marilyn D. Willman
School of Nursing.
January 25, 1983. 19

Re: Additional Data for Study of Programs

1) The summary of the UBC Model is satisfactory.

2) Relation of program objectives to selected competencies and skills:

4. Demonstrates cognitive skill in using the problem-solving approach.

Numbers 1 through 4 under Foundations for Professional Nursing Practice.

Numbers 1, 2, 3, 4, 5, 7, 10, 11, 12 under Professional Nursing Practice.

5. Demonstrates ability to use the nursing process in providing nursing care.

Numbers 1 through 4 under Foundations.

Numbers 1 through 12 under Practice.

10. Guides patients toward a better understanding of the health needs and potentialities.

Numbers 1 through 4 under Foundations.

Numbers 1 through 12 under Practice.

12. Demonstrates communication skill in the practice of nursing.

Numbers 1 through 4 under Foundations.

Numbers 1, 2, 3, 4, 5, 6, 10, 11, 12 under Practice.

15. Demonstrates organizational ability in providing nursing care.

Numbers 1 through 4 under Foundations.

Numbers 1 through 15 under Practice.

3) Exam blueprints will be provided when available.

4) It is not possible to report "average number of hours of homework required each week" because these data are not collected. No such figure is used in estimating a total workload for students in the School of Nursing.

Marilyn D. Willman

Marilyn D. Willman.

June 20, 1983

Ms. Gail Prowse
Coordinator of Practical
 and Diploma Nursing Programs
Okanagan College
1000 KLO Road
Kelowna, B.C.
V1Y 4X8

Dear Gail:

Re: R.N. - B.S.N. Program Comparison Project
B.C. Ministry of Education

Thank you for reviewing and commenting on your program's component of the report for this study. I have appreciated your feedback.

Please find enclosed the revised pages. Hopefully, these will now be acceptable for inclusion in the report.

I would appreciate your response as early as possible, as I hope to have the report completed shortly.

I may be contacted at 734-0536 or by mail until the end of June.

Sincerely,

Pauline

Pauline Zabawski
2610 MacKenzie Street
Vancouver, B.C.
V6K 4A1

Enc.

cc: Liza Kallstrom